Title 15 - Mississippi Department of Health

Part III – Office of Health Protection

Subpart 01 – Health Facilities Licensure and Certification

CHAPTER 40 MINIMUM STANDARDS OF OPERATION FOR PSYCHIATRIC HOSPITALS

100 INTRODUCTION LEGISLATIVE AUTHORITY

100.01 Mississippi State Department of Health Law of 1979, Mississippi Code Annotated, 43-11-1 through 43-11-27 (Supplemented 1986) The Mississippi Health Care Commission adopted additional regulations for Psychiatric Hospitals on November 17, 1983. The regulations became effective December 22, 1983. The Mississippi State Department of Health took over the licensing duties of the Mississippi Health Care Commission on July 1, 1986.

Psychiatric Hospitals are free-standing facilities established to offer facilities, beds and services over a continuous period exceeding 24 hours to individuals requiring diagnosis and intensive and continued clinical therapy for mental illness. Distinct parts of General Acute Hospitals may be designated as Psychiatric. This unit is organized, staffed and equipped to render psychiatric services.

These standards are to be applied in conjunction with the Minimum Standards of Operation for Mississippi Hospitals where applicable.

These standards are written so that they closely parallel the Standards for Accreditation of Psychiatric Facilities established by the Joint Commission on Accreditation of Hospitals. By basing these standards on the Joint Commission's standards, we have developed standards which have the input of a national panel of knowledgeable experts and skilled people on psychiatric treatment.

101 FACILITY MANAGEMENT GOVERNING BODY

101.01 Every facility shall have a governing body that has overall responsibility for the operation of the facility.

A public facility shall have a written description of the administrative organization of the government agency within which it operates.

A public facility shall also have a written description of how the lines of authority within the government agency relate to the governing body of the facility.

A private facility shall have a charter, constitution or bylaws.

101.02 The names and addresses of all owners or controlling parties of the facility (whether they are individuals; partnerships; corporate bodies; or subdivisions of other bodies, such as public agencies or religious, fraternal or other charitable organizations) shall be fully disclosed.

In case of corporations, the names and addresses of all officers, directors and principal stockholders either beneficial, or of record, shall be disclosed.

101.03 The governing body shall meet at least quarterly.

Minutes of these meetings shall be kept and shall include at least the following:

1. The date of the meeting;
2. The names of members who attended;
3. The topics discussed;
4. The decisions reached and actions taken;
5. The dates for implementation of recommendations; and
6. The reports of the Chief Executive Officer and others.

101.04 The governing body shall establish a committee structure to fulfill its responsibilities and to assess the results of the facility's activities.

101.05 The governing body, through the Chief Executive Officer, shall have a written statement of the facility's goals and objectives, as well as, written procedures for implementing these goals and objectives.

There shall be documentation that the statement and procedures are based upon a planning process, and that the facility's goals and objectives are approved by the governing body.

The governing body, through the Chief Executive Officer, shall have a written plan for obtaining financial resources that are consonant with the facility's goals and objectives.

101.06 When a categorical program (for example, a child, adolescent, or adult psychiatric program) is a component of a larger facility, the staff of the categorical program, subject to the overall responsibility of the governing body, shall be given the authority necessary to plan, organize and operate the program.

The categorical program shall hire and assign its own staff. The categorical program shall employ a sufficient number of qualified and appropriately trained staff.

101.07 The governing body, through its Chief Executive Officer, shall develop policies and shall make sufficient resources available (for example, funds, staff, equipment, supplies and facilities) to assure that the program is capable of providing appropriate and adequate services to patients.

101.08 The facility's physical and financial resources shall be adequately insured.

101.09 The governing body shall establish bylaws, rules and regulations, and a table of organization to guide relationships between itself and the responsible administration and professional staffs and the community.

The governing body may establish one set of bylaws, rules and regulations that clearly delineates the responsibilities and authority of the governing body and the administrative and professional staff.

Administrative and professional staffs may establish separate bylaws, rules and regulations that are consistent with policies established by the governing body.

101.10 All bylaws, rules and regulations shall comply with legal requirements, be designed to encourage high quality patient care, and be consistent with the facility's community responsibility.

101.11 Such bylaws, rules and regulations shall describe the powers and duties of the governing body and its officers and committees; or the authority and responsibilities of any person legally designed to function as the governing body, as well as, the authority and responsibility delegated to the responsible administrative and professional staffs.

101.12 Such bylaws, rules and regulations shall state the eligibility criteria for governing body membership; the types of membership and the method of selecting members; frequency of governing body meetings; the number of members necessary for a quorum and other attendance requirements for governing body meetings; the requirement that meetings be documented in the form of written minutes and the duration of appointment or election for governing body members, officers and committed chairpersons.

101.13 Such bylaws, rules and regulations shall describe the qualifications, authority and responsibilities of the Chief Executive Officer.

101.14 Such bylaws, rules and regulations shall specify the method for appointing the Chief Executive Officer.

101.15 Such bylaws, rules and regulations shall provide the administrative and professional staffs with the authority and freedom necessary to carry out their responsibilities within the organizational framework of the facility.

101.16 Such bylaws, rules and regulations shall provide the professional staff with the authority necessary to encourage high quality patient care.

101.17 Such bylaws, rules and regulations shall state the procedures under which the administrative and professional staff cooperatively function.

101.18 Such bylaws, rules and regulations shall require the establishment of controls designed to encourage each member of the professional staff to observe the standards of the profession and assume and carry out functions in accordance with local, state and federal laws and rules and regulations.

101.19 Such bylaws, rules and regulations shall require the professional staff bylaws, rules and regulations to be subject to governing body approval.

101.20 Such bylaws, rules and regulations shall specify procedures for selecting professional staff officers, directors and department or service chiefs.

101.21 Such bylaws, rules and regulations shall require that physicians with appropriate qualifications, licenses and clinical privileges evaluate and authenticate medical histories and physical examinations and prescribe medications.

101.22 Such bylaws, rules and regulations may also allow dentists with appropriate qualifications, licenses and clinical privileges to prescribe medications.

101.23 Such bylaws, rules and regulations shall describe the procedure for conferring clinical privileges on all professional staff.

101.24 Such bylaws, rules and regulations shall define the responsibilities of physicians in relation to non-physician members of the professional staff.

101.25 Such bylaws, rules and regulations shall provide a mechanism through which the administrative and professional staffs report to the governing body.

101.26 Such bylaws, rules and regulations shall define the means by which the administrative and professional staffs participate in the development of facility and program policies concerning program management and patient care.

101.27 Such bylaws, rules and regulations shall require an orientation program for new governing body members and a continuing education program for all members of the governing body.

101.28 Such bylaws, rules and regulations shall require that the bylaws, rules and regulations be reviewed at least every two years, revised as necessary, and signed and dated to indicate the time of last review.

102 CHIEF EXECUTIVE OFFICER

102.01 The governing body shall appoint a Chief Executive Officer who shall be employed on a full-time basis.

102.02 The qualifications, authority and duties of the Chief Executive Officer shall be stated in the governing body's bylaws, rules and regulations.

102.03 The Chief Executive Officer shall be a health professional with appropriate professional qualifications and experience, including previous administrative responsibility in a health facility.

102.04 The Chief Executive Officer shall have a medical degree or at least a master's degree in administration, psychology, social work, education or nursing; and, when required, should have appropriate licenses. Experience may be substituted for a professional degree when it is carefully evaluated, justified and documented by the governing body.

102.05 In facilities primarily serving children or adolescents, the Chief Executive Officer shall have appropriate professional qualifications and experience, including previous administrative responsibility in a facility for children or adolescents.

102.06 In accordance with the facility's bylaws, rules and regulations, the Chief Executive Officer shall be responsible to the governing body for the overall operation of the facility, including the control, utilization and conservation of its physical and financial assets and the recruitment and direction of staff.

102.07 The Chief Executive Officer shall assist the governing body in formulating policy by preparing the following items and presenting them to and reviewing them with the governing body:

1. Long-term and short-term plans of the facility.

2. Reports on the nature and extent of funding and other available resources.

3. Reports describing the facility's operations.

4. Reports evaluating the efficiency and effectiveness of facility or program activity; and

5. Budgets and financial statements.

102.08 The Chief Executive Officer shall be responsible for the preparation of a written manual that defines the facility policies and procedures and that is regularly revised and updated.

102.09 There shall be documentation that the Chief Executive Officer attends and participates in continuing education programs.

103 PROFESSIONAL STAFF ORGANIZATION

103.01 There shall be a single organized professional staff that has the overall responsibility for the quality of all clinical care provided to patients, and for the ethical conduct and professional practices of its members, as well as, for accounting therefore to the governing body. The manner in which the professional staff is organized shall be consistent with the facility's documented staff organization and bylaws, rules and regulations, and pertain to the setting where the facility is located. The professional staff bylaws, rules and regulations, and the rules and regulations of the governing authority shall require that a qualified physician be responsible for diagnosis and all care and treatment. The organization of the professional staff and its bylaws, rules and regulations, shall be approved by the facility's governing body.

103.02 There professional staff shall strive to assure that each member is qualified for membership and shall encourage the optimal level of professional performance of its members through the appointment/reappointment procedure, the specific delineation of clinical privileges, and the periodic reappraisal of each staff member according to the provisions.

104 QUALIFICATIONS

104.01 The appointment and reappointment of professional staff member shall be based upon well defined, written criteria that are related to the goals and objectives of the facility as stated in the bylaws, rules and regulations of the professional staff and of the governing body.

104.02 Upon application or appointment to the professional staff, each individual must sign a statement to the effect that he or she has read and agrees to be bound by the professional staff and governing body bylaws, rules and regulations.

104.03 The initial appointment and continued professional staff membership shall be dependent upon professional competence and ethical practice in keeping with the qualifications, standards and requirements set forth in the professional staff and governing body bylaws, rules and regulations.

104.04 Unless otherwise provided by law, only those practitioners who are licensed, certified, or registered, or who have demonstrated competence and experience, shall be eligible for professional staff membership.

105 METHOD OF SELECTION

105.01 Each facility is responsible for developing a process of appointment to the professional staff whereby it can satisfactorily determine that the person is appropriately licensed, certified, registered, or experienced, and qualified for the privileges and responsibilities he or she seeks.

106 PRIVILEGE DELINEATION

106.01 Privileges shall be delineated for each member of the professional staff, regardless of the type and size of the facility and the age and disability group served.

106.02 The delineation of privileges shall be based on all verified information available in the applicant's or staff member's credentials file.

106.03 Clinical privileges shall be facility-specific.

106.04 The professional staff shall delineate in its bylaws, rules and regulations the qualifications, status, clinical duties, and responsibilities of clinical practitioners who are not members of the professional staff but whose services require that they be processed through the usual professional staff channels.

106.05 The training, experience and demonstrated competence of individuals in such categories shall be sufficient to permit their performing their assigned functions.

106.06 There shall be provisions for individuals in such categories to receive professional supervision, when indicated, from their professional counterparts.

107 REAPPOINTMENT

107.01 The facility's professional staff bylaws, rules and regulations shall provide for review and reappointment of each professional staff member at least once every two years.

107.02 The reappointment process should include a review of the individual's status by a designated professional staff committee, such as the credentials committee.

107.03 When indicated, the credentials committee shall require the individual to submit evidence of his or her current health status that verifies the individual's ability to discharge his or her responsibilities.

107.04 The committee's review of the clinical privileges of a staff member for reappointment should include the individual's past and current professional performance, as well as, his or her adherence to the governing body and professional staff bylaws, rules and regulations.

107.05 The professional staff bylaws, rules and regulations shall limit the time within which the professional staff reappointment and privilege delineation processes must be completed.

108 ORGANIZATION

108.01 The professional staff shall be organized to accomplish its required functions. The professional staff organization must provide a framework in which the staff can carry out its duties and functions effectively. The complexity of the organization shall be consonant with the size of the facility and the scope of its activities. (Although not all members of professional health care disciplines need to be members of the professional staff, membership may include active staff, consulting staff, affiliate staff, associate staff and others according to the needs of the facility.)

108.02 The professional staff bylaws, rules and regulations shall provide for the selection of officers for an executive committee, and, when appropriate, for other organizational components of the facility.

108.03 The professional staff bylaws, rules and regulations should specify the organization needed to provide effective governance of the professional staff.

109 EXECUTIVE COMMITTEE

109.01 The executive committee shall be empowered to act for the professional staff in the intervals between the staff meetings.

109.02 The committee shall serve as a liaison mechanism between the professional staff and the administration.

109.03 There shall be a mechanism that assures medical participation in the deliberations of the executive committee.

109.04 The professional staff bylaws, rules and regulations shall define the size, composition, method of selecting members and frequency of meetings of the executive committee.

109.05 The executive committee shall maintain a permanent record of its proceedings and actions.

109.06 The functions and responsibilities of the executive committee shall include at least the following:

1. Receiving and acting upon reports and recommendations from a professional staff committees, departments and services.

2. Implementing the approved policies of the professional staff.

3. Recommending to the governing body all matters relating to appointments and reappointments, staff categorization and assignments, clinical privileges, and except when such is a function of the professional staff or one of its committees, corrective action.

4. Fulfilling the professional staff's accountability to the governing body for the quality of the overall clinical care rendered to the patients in the facility; and

5. Initiating and pursuing corrective action when warranted, in accordance with the provisions of the professional staff bylaws, rules and regulations.

110 PROFESSIONAL STAFF BYLAWS

110.01 The professional staff shall develop and adopt bylaws, rules and regulations to establish a framework of self-government and a means of accountability to the governing body.

110.02 The bylaws, rules and regulations shall be subject to the approval of the governing body.

110.03 The professional staff shall regulate itself by its bylaws, rules and regulations.

110.04 The professional staff bylaws, rules and regulations shall reflect current staff practices, shall be enforced and shall be periodically reviewed and revised as necessary.

110.05 The professional staff bylaws, rules and regulations shall include a requirement for an ethical pledge from each practitioner.

110.06 The professional staff bylaws, rules and regulations shall describe the specific role of each discipline represented on the professional staff or exercising clinical privileges in the care of patients.

110.07 The professional staff bylaws, rules and regulations shall include the following patient record requirements:

1. Symbols and abbreviations shall be used only when they have been approved by the professional staff and when there is an explanatory legend;

2. The categories of personnel who are qualified to accept and transcribe verbal orders, regardless of the mode of transmission of the orders, shall be specifically identified;

3. The period of time following admission to the facility within which a history and physical examination must be entered in the patient record shall be specified;

4. The time period in which patient records must be completed following discharge shall be specified and shall not exceed fourteen (14) days; and

5. The entries in patient records that must be dated and authenticated by the responsible practitioner shall be specified.

110.08 The professional staff bylaws, rules and regulations shall specify mechanisms for the regular review, evaluation and monitoring of professional staff practices.

110.09 The professional staff bylaws, rules and regulations shall provide a procedure relative to denial of staff appointments and reappointments, as well as, for denial, curtailment, suspension, or revocation of clinical privileges.

When appropriate, this procedure shall provide for a practitioner to be heard, upon request, at some stage of the process.

111 WRITTEN PLAN FOR PROFESSIONAL SERVICES

111.01 The facility shall formulate and specify in a written plan for professional services its goals, objectives, policies and programs so that its performance can be measured.

111.02 The plan shall describe the services offered by the facility so that a frame of reference for judging the various aspects of the facility's operation is available.

111.03 The written plan for professional services shall describe the following:

1. The population served, including age groups and other relevant characteristics of the patient population;

2. The hours and days the facility operates;

3. The methods used to carry out initial screening and/or triage;

4. The intake or admission process; including how the initial contact is made with the patient and the family or significant others;

5. The assessment and evaluation procedures provided by the facility;

6. The methods used to deliver services to meet the identified clinical needs of patients served;

7. The basic therapeutic programs offered by the facility;

8. The treatment planning process and the periodic review of therapy;

9. The discharge and post-therapy planning processes;

10. The organizational relationships of each of the facility's therapeutic programs, including channels of staff communication, responsibility and authority, as well as, supervisory relationships; and

11. The means by which the facility provides, or makes arrangements for the provision of the following:

    a. Other medical, special assessments and therapeutic services;

    b. Patient education services, whether provided from within or outside the facility;

    c. Emergency services and crisis intervention; and

    d. Discharge and aftercare, including post-therapy planning and follow-up evaluation.

111.04 When the facility is organized by departments or services, the written plan for professional services shall describe how each department or service relates to the goals and other programs of the facility, specify lines of responsibility within each department of service and define the roles of department or service personnel and the methods for interdisciplinary collaboration.

111.05 When a facility is organized on a team or unit basis, either totally or in part, the written plan for professional services shall delineate the roles and responsibilities of team members in meeting the identified clinical needs of patients and in relation to the goals and programs of the facility.

111.06 The written plan for professional services shall be made known and available to all professional personnel and to the Chief Executive Officer.

111.07 The plan shall be reviewed at least annually, and revised as necessary, in relation to the changing needs of the patients, the community, and the overall objectives and goals of the facility, and it shall be signed and dated by the reviewers.

111.08 Within the scope of its activities, the facility shall have enough appropriately qualified health care professional, administrative and support staff available to adequately assess and address the identified clinical needs of patients.

Appropriately qualified professional staff may include qualified psychiatrists and other physicians, clinical psychologists, social workers, psychiatric nurses and other health care professionals in numbers and variety appropriate to the services offered by the facility.

111.09 When appropriate qualified professional staff members are not available or needed on a full-time basis, arrangements shall be made to obtain sufficient services on an attending continuing consultation, or part-time basis.

111.10 Facilities providing child and adolescent psychiatric services shall have available appropriately qualified mental health professionals and paraprofessionals including, but not limited to, the following:

1. Child psychiatrists;
2. Child psychologists;
3. Social workers;
4. Psychiatric nurses;
5. Child care workers;
6. Educators;
7. Speech, hearing and language specialists;
8. Activity and recreation specialists; and
9. Vocational counselors.

111.11 The staff shall be assigned full-time to the child/adolescent program and not shared with other programs.

111.12 The staff shall be specially trained to meet the needs of adolescents and children.

111.13 There shall be documentation to verify that health care professional staff meets all federal, state and local requirements for licensing, registration or certification.

112 STAFF COMPOSITION

PSYCHIATRIC SERVICES

112.01 Psychiatric services are under the supervision of a clinical director, service chief or equivalent, who is qualified to provide the leadership required for an intensive treatment program.

112.02 The director shall be certified by the American Board of Psychiatry and Neurology, or meet the training and experience requirements for examination by the Board (Board eligible). In the even the psychiatrist in charge of the clinical program is Board eligible, there is evidence of consultation given to the clinical program on a continuing basis from a psychiatrist certified by the American Board of Psychiatry and neurology.

112.03 The number of psychiatrists is commensurate with the size and scope of the treatment program.

112.04 All psychiatrists shall be licensed by the State of Mississippi.

113 MEDICAL SERVICES

113.01 Physicians shall be available at all times to provide necessary medical and surgical diagnostic and treatment services, including specialized services.

113.02 If medical and surgical diagnosis and treatment services are not available within the institution, qualified consultants or attending physicians are immediately available or arrangements are made to transfer patients to a general hospital.

114 NURSING SERVICES

114.01 Nursing services shall be under the direct supervision of a registered nurse who has had at least two (2) years of experience in psychiatric or mental health nursing and at least one (1) year of experience in a supervisory position.

114.02 The number of registered professional nurses, licensed practical nurses, and other nursing personnel shall be adequate to formulate and carry out the nursing components of the individual treatment plan for each patient.

114.03 There shall be a registered professional nurse on duty 24 hours a day, seven days a week, to plan, assign, supervise and evaluate nursing care and to provide for the delivery of nursing care to patients.

115 PSYCHOLOGICAL SERVICES

115.01 Patients shall be provided psychological services, in accordance with their needs by a qualified psychologist.

Services to patients include evaluations, consultations, therapy and program development.

A qualified psychologist is an individual by the State Board of Psychological Examiners with a specialty area in Clinical or Counseling Psychology (refer to Mississippi Code of 1972, annotated and amended. Section 73-31-10).

116 SOCIAL SERVICES

116.01 Social work services are under the supervision of a qualified social worker.

The director of the service or department shall have a master's degree from an accredited school of social work, or have been certified by the Academy of Certified Social Workers.

116.02 Social work staff is qualified and numerically adequate to provide the following services:

1. Psychosocial data for diagnosis and treatment planning.

2. Direct therapeutic services to individual patients, patient groups or families.

3. Develop community resources.

4. Participate in interdisciplinary conferences and meetings concerning treatment planning, including identification and utilization of other facilities and alternative forms of care and treatment.

117 REHABILITATIVE SERVICES

117.01 Qualified therapists, consultants, assistants or aides are sufficient in number to provide comprehensive therapeutic activities, including at least occupational, recreational and physical therapy as needed to assure that appropriate treatment is rendered for each patient and to establish a therapeutic milieu.

1. Occupational therapy services are prescribed by a physician and provided to a patient by or under the direction of a qualified occupational therapist.

   A qualified occupational therapist is an individual who is registered by the American Occupational Therapy Association; or is a graduate of a program in occupational therapy approved by the Council on medical Education of the American Medical Association and engaged in the supplemental clinical experience required before registration by the American Occupational Therapy Association.

2. Physical therapy services are prescribed by a physician and provided to a patient by or under the direction of a qualified therapist.

   A qualified physical therapist is an individual who is a graduate of a program of physical therapy approved by both the Council on Medical Education of the American Medical Association and the American Physical Therapy Association; and who is licensed by the State.

3. Recreation services shall be supervised by a qualified recreation therapist. The qualified recreation therapist shall meet one of the following definitions:

   a. A qualified therapeutic recreation specialist; or

   b. A bachelor's degree in recreation and one (1) year of recreational experience in a health care setting; or

   c. An associate degree in recreation or in a specialty area such as art or music plus completion of comprehensive in-service training in recreation.

118 PERSONNEL POLICIES AND PROCEDURES

118.01 Personnel policies and procedures shall be developed in writing, adopted and maintained to promote the objectives of the facility and to provide for an adequate number of qualified personnel during all hours of operation to support the functions of the facility and the provision of high quality care.

All personnel policies shall be reviewed and approved on an annual basis by the governing body.

There shall be documentation to verify that the written personnel policies and procedures are explained and made available to each employee.

The policies and procedures shall include a mechanism for determining that all personnel are medically and emotionally capable of performing assigned tasks and are free of communicable and infectious diseases.

118.02 There shall be written policies and procedures for handling cases of patient neglect and abuse.

The policies and procedures on patient neglect or abuse shall be given to all personnel. Any alleged violations of these policies and procedures shall be investigated, and the results of such investigation shall be reviewed and approved by the director and reported to the governing body.

118.03 A personnel record shall be kept on each staff member and shall contain the following items, as appropriate:

1. Application for employment;
2. Written references and a record of verbal references;
3. Verification of all training and experience, licensure, certification, registration and/or renewals.
4. Wage and salary information;
5. Performance appraisals;
6. Initial and subsequent health clearances;
7. Disciplinary and counseling actions;
8. Commendations;
9. Employee incident reports;
10. Record of orientation to the facility, its policies and procedures and the employee's position.

118.04 For each position in the facility, there shall be a written job description that specifies the duties and responsibilities of the position and the minimum level of education, training and/or related work experience required or needed to fulfill it.

119 STAFF DEVELOPMENT

119.01 The facility shall have a written plan of evidence of implementation of a program of staff development and in-service training that is consonant with the basic goals and objectives of the program.

119.02 Staff development shall be under the supervision and direction of a committee or qualified person.

This person or committee may delegate responsibility for any part of the program to appropriately qualified individuals.

119.03 The staff development plan shall include plans for orientation of new employees and shall specify subject areas to be covered in the orientation process.

119.04 Staff development program shall reflect all administrative and service changes in the facility and shall prepare personnel for promotions and responsibilities.

119.05 A continuous professional education program shall be provided to keep the professional staff informed of significant clinical and administrative developments and skills.

119.06 The facility shall provide continuing training for all staff and specific orientation for all new personnel in the principles of confidentiality, privacy, patients' rights, infection control, fire prevention, disaster preparedness, accident prevention and patient safety.

119.07 Specialized training shall be provided for staff working with children and adolescents.

119.08 The facility shall have documentation of the staff development, in-service training and orientation activities of all employees.

120 PATIENT RIGHTS

120.01 The facility shall support and protect the fundamental human, civil, constitutional and statutory rights of each patient.

120.02 The facility shall have written policies and procedures that describe the rights of patients and the means by which these rights are protected and exercised. These rights shall include the following:

1. Each patient shall have impartial access to treatment, regardless of race, religion, sex, ethnicity, age or disabilities.

2. Each patient's personal dignity shall be recognized and respected in the provision of all care and treatment.

3. Each patient shall receive individualized treatment, which shall include at least the following:

    a. The provision of adequate and human services regardless of source(s) of financial support;

    b. The provision of services within the least restrictive environment possible;

    c. The provision of an individual treatment plan;

    d. The periodic review of the patient's treatment plan;

    e. The active participation of patients over twelve (12) years of age and their responsible parent, relative, or guardian in planning for treatment; and

    f. The provision of an adequate number of competent, qualified and experienced professional clinical staff to supervise and implement the treatment plan.

4. Each patient's personal privacy shall be assured and protected within the constraints of the individual treatment plan.

    a. The patient's family and significant others, regardless of their age, shall be allowed to visit the patient, unless such visits are clinically contraindicated.

    b. Suitable areas shall be provided for patients to visit in private, unless such privacy is contraindicated by the patient's treatment plan.

    c. Patients shall be allowed to send and receive mail without hindrance.

    d. Patients shall be allowed to conduct private telephone conversations with family and friends, unless clinically contraindicated.

    e. If therapeutic indications necessitate restrictions on visitors, telephone calls, or other communications, those restrictions shall be evaluated for therapeutic effectiveness by the clinically responsible staff at least every seven days.

f. If limitations on visitors, telephone calls or other communications are indicated for practical reasons (for example, expense of travel or phone calls) such limitations shall be determined with the participation of the patient and the patient's family. All such restrictions shall be fully explained to the patient and the patient's family.

5. Each patient has the right to request the opinion of a consultant at his or her expense or to request an in-house review of the individual treatment plan, as provided in specific procedures of the facility.

120.03 Each patient shall be informed of his or her rights in a language the patient understands.

120.04 Each patient shall receive a written statement of patient rights and a copy of this statement shall be posted in various areas of the facility.

120.05 As appropriate, the patient, the patient's family or the patient's legal guardian shall be fully informed about the following items:

1. The rights of patients;

2. The professional staff members responsible for his or her care, their professional status and their staff relationship;

3. The nature of the care, procedures and treatment that he or she will receive;

4. The current and future use and disposition of products of special observation and audiovisual techniques, such as one-way vision mirrors, tape recorders, television, movies or photographs;

5. The risks, side effects and benefits of all medications and treatment procedures used, especially those that are unusual or experimental;

6. The alternate treatment procedures that are available;

7. The right to refuse to participate in any research project without compromising his or her access to facility services;

8. The right to the extent permitted by law, to refuse specific medications or treatment procedures;

9. The responsibility of the facility when the patient refuse treatment, to seek appropriate legal alternatives or orders of involuntary treatment, or, in accordance with professional standards, to terminate the relationship with the patient upon reasonable notice;

10. As appropriate, the cost, itemized when possible, of services rendered;

11. The source of the facility's reimbursement and any limitations placed on duration of services;

12. The reasons for any proposed change in the professional staff responsible for the patient, or for any transfer of the patient either within or outside of the facility.

13. The rules and regulations of the facility applicable to his or her conduct;

14. The right to initiate a complaint or grievance procedure and the appropriate means of requesting a hearing or review of the complaint;

15. The discharge plans; and

16. The plans for meeting continuing mental and physical health requirements following discharge.

120.06 In accordance with the requirements of any applicable law or any other applicable standard in this manual, a written, dated and signed informed consent form shall be obtained from the patient, the patient's family or the patient's legal guardian, as appropriate, for participation in any research project and for use or performance of the following:

1. Surgical procedures;

2. Electroconvulsive therapy;

3. Unusual medications;

4. Hazardous assessment procedures;

5. Audiovisual equipment; and

6. Other procedures where consent is required by law.

120.07 The maintenance of confidentiality of communications between patients and staff and of all information recorded in patient records shall be the responsibility of all staff. (Refer to the patient records section of this manual.)

The facility shall provide continuing training for all staff and specific orientation for all new personnel in the principles of confidentiality and privacy.

120.08 The patient shall be allowed to work for the service provider only under the following conditions:

1. The work is part of the individual treatment plan;

2. The work is performed voluntarily;

3. The patient receives wages commensurate with the economic value of the work; and

4. The work project complies with local, state and federal laws and regulations.

121 SPECIAL TREATMENT PROCEDURES

121.01 Treatment procedures that require special justification shall include, but not necessarily be limited to the following:

1. The use of restraint;

2. The use of seclusion;

3. The use of electroconvulsive therapy and other forms of convulsive therapy;

4. The performance of psychosurgery of other surgical procedures for the intervention in, or alteration of, a mental, emotional or behavioral disorder;

5. The use of behavior modification procedures that use painful stimuli;

6. The use of unusual medications and investigational and experimental drugs;

7. The prescribing and administering of drugs for maintenance use that have abuse potential (usually considered to be Schedule II drugs), and drugs that are known to involve substantial risk or to be associated with undesirable side effects; and

8. The use of research projects that involve inconvenience or risk to the patient.

121.02 The rationale for using special treatment procedures shall be clearly stated in the patient's record.

When appropriate, there shall be evidence in the patient's record that proposed special treatment procedures have been reviewed before implementation by the head of the professional staff and/or his or her designee.

The plan for using special treatment procedures shall be consistent with the patient's rights and the facility's policies governing the use of such procedures.

The clinical indications for the use of special treatment procedures shall be documented in the patient's record.

The clinical indications for the use of special treatment procedures shall outweigh the known contraindications.

121.03 The facility shall have written policies and procedures that govern the use of restraint or seclusion.

The use of restraint or seclusion shall require clinical justification and shall be employed only to prevent a patient from injuring himself or others, or to prevent serious disruption of the therapeutic environment. Restraint or seclusion shall not be employed as punishment or for the convenience of staff.

The rationale for the use of restraint or seclusion shall address the inadequacy of less restrictive intervention techniques.

To ascertain that the procedure is justified, a physician shall conduct a clinical assessment of the patient before writing an order for the use of restraint or seclusion.

A written order from a physician shall be required for the use of restraint.

A written order from a physician shall be required for the use of seclusion for longer than one (1) hour.

Written orders for the use of restraint or seclusion shall be time-limited.

The written approval of the head of the professional staff and/or his or her designee shall be required when restraint or seclusion is utilized for longer than 24 hours.

PRN orders shall not be used to authorize the use of restraint or seclusion.

All uses of restraint or seclusion shall be reported daily to the head of the professional staff and/or his or her designee.

The head of the professional staff and/or his or her designee shall review daily all uses of restraint or seclusion and investigate unusual or possibly unwarranted patterns of utilization.

Staff, who implement written orders for restraint and seclusion, shall have documented training in the proper use of the procedure for which the order was written.

Restraint or seclusion shall not be used in a manner that causes undue physical discomfort, harm or pain to the patient.

Appropriate attention shall be paid every 15 minutes to a patient in restraint or seclusion, especially in regard to regular meals, bathing and use of the toilet.

There shall be documentation in the patient's record that such attention was given to the patient.

Under the following conditions, restraint or seclusion may be employed in an emergency without a written order from a physician:

1. the written order for restraint or seclusion is given by a member of the professional staff who is qualified by experience and training in the proper use of the procedure for which the order is written;

2. the professional staff member writing the order has observed and assessed the patient before writing the order; and

3. the written order of the physician who is responsible for the patient's medical care is obtained within not more than eight (8) hours after initial employment of the restraint or seclusion.

121.04 The facility shall have written policies and procedures that govern the use of electroconvulsive therapy and other forms of convulsive therapy.

The written informed consent of the patient for the use of electroconvulsive therapy or other forms of convulsive therapy shall be obtained and made part of the patient's record. The patient may withdraw consent at any time.

When required, the written informed consent of the family and/or legal guardian for the use of electroconvulsive therapy or other forms of convulsive therapy shall be obtained and made part of the patient's record. The family and/or guardian may withdraw consent at any time.

In cases dealing with children or adolescents, the responsible parent(s), relative or guardian, and, when appropriate, the patient shall give written, dated and signed informed consent for the use of electroconvulsive therapy or other forms of convulsive therapy. The family and/or guardian and, when appropriate, the child or adolescent patient may withdraw consent at any time.

121.05 Electroconvulsive therapy or other forms of convulsive therapy shall not be administered to children or adolescents unless, prior to the initiation of treatment, two (2) qualified psychiatrists who have training or experience in the treatment of children and adolescents and who are not affiliated with the treating program have examined the patient, have consulted with the responsible psychiatrist, and have written and signed reports in the patient's record that concur with the decision to administer such therapy.

The record of patients under the age of thirteen (13) shall contain documentation that such examinations and consultations were carried out by qualified child psychiatrists.

121.06 The facility shall have written policies and procedures that govern the performance of psychosurgery or other surgical procedures for the intervention in, or alteration of, a mental, emotional or behavioral disorder in an adult patient.

Psychosurgery shall not be performed on any adult patient unless, prior to the initiation of such treatment, a qualified psychiatrist and a neurosurgeon who are not affiliated with the treating program have examined the patient, have consulted with the responsible psychiatrist and have written and signed reports in the patient's record that concur with the decision to perform psychosurgery.

The patient's record shall contain documentation of such examinations and consultations.

121.07 The written informed consent of the adult patient for the performance of psychosurgery or other surgical procedures for the intervention in, or alteration of, a mental, emotional, or behavioral disorder shall be obtained and made part of the patient's record. The patient may withdraw consent at any time.

When required, the written informed consent of the family and/or legal guardian for the performance of psychosurgery or other surgical procedures for the intervention in, or alteration of, a mental, emotional or behavioral disorder in an adult patient shall be obtained and made part of the patient's record. The family and/or guardian may withdraw consent at any time.

121.08 The facility shall have policies that prohibit the performance of psychosurgery or other surgical procedures for the intervention in, or alteration of a mental, emotional or behavioral disorder in children or adolescents.

121.09 Behavior modification procedures that use painful stimuli shall be documented in the patient's record.

Such documentation shall include the rationale or justification for the use of the procedure, the required authorization, a description of the procedures employed to protect the patient's safety and rights, and a description of the behavior modification procedures to be used.

121.10 The written informed consent of the patient for the use of behavior modification procedures that use painful stimuli shall be obtained and made part of the patient's record. The patient may withdraw consent at any time.

When required, the written informed consent of the family and/or legal guardian shall be obtained and made part of the patient's record. The family and/or guardian may withdraw consent at any time.

In cases dealing with children or adolescents, the responsible parent(s), relative or guardian and, when appropriate, the patient shall given written, dated and

signed informed consent. The family and/or guardian and, when appropriate, the child or adolescent patient may withdraw consent at any time.

121.11 The facility shall have written policies and procedures that govern the use of unusual medications and investigational and experimental drugs.

Unusual or experimental drugs shall be reviewed before use by the research review committee, the patient rights' review committee, or another appropriate peer review committee.

Investigational drugs shall be used only under the direct supervision of the principal investigator and with the approval of the physician members of the professional staff or an appropriate committee of the professional staff, the research review committee and appropriate federal, state and local agencies.

121.12 A central unit shall be established to maintain essential information on investigational drugs, such as drug dosage form, dosage range, storage requirements, adverse reactions, usage and contraindications.

121.13 Investigational drugs shall be properly labeled.

121.14 Nurses may administer investigational drugs only after receiving basic pharmacologic information about the drugs.

121.15 The written informed consent of the patient for the use of unusual medications or investigational or experimental drugs shall be obtained and made part of the patient's record. The patient may withdraw consent at any time.

When required, the written informed consent of the family and/or legal guardian for the use of unusual medication or investigational or experimental drugs shall be obtained and made part of the patient record. The family and/or guardian may withdraw consent at any time.

In cases dealing with children and adolescents, the responsible parent(s), relative, or guardian and, when appropriate, the patient shall give written, dated and signed informed consent, unless prohibited by law. The family an/or guardian and, when appropriate, the child or adolescent patient may withdraw consent at any time.

The denial of consent to take unusual medications of investigational or experimental drugs shall not be cause for denying or altering services indicated for the patient.

121.16 The facility shall have written policies and procedures that govern the prescribing and administering of drugs for maintenance use that have abuse potential (usually considered to be Schedule II drugs), and drugs that are known to involve a substantial risk or be associated with undesirable side effects.

Drugs that have abuse potential shall be prescribed and administered for maintenance use only when the following criteria are met:

1. A physician member of the professional staff has reviewed the patient's record and has recorded the reasons for prescribing the drug(s) in the patient's record;

2. The prescribed drug is listed in the facility's formulary; and

3. Prior to the administration of the drug, the patient and, when required by law, the patient's parent(s) or guardian are informed orally and in writing, and, if possible, in the patient's native language, of the benefits and hazards of the drug.

121.17 The facility shall have written policies and procedures that protect the rights of patients involved in research projects that involve inconvenience or risk to the patient.

The policies and procedures shall require a statement of the rationale for a patient's participation in any research project that involves inconvenience to risk to the patient.

122 PATIENT RECORDS

122.01 A patient record shall be maintained, in accordance with accepted professional principles, for each patient admitted for care in the facility.

122.02 Such records shall be kept confidential and only authorized personnel shall have access to the record. Staff members and other persons having access to patient records shall be required to abide by the written policies confidentiality of patient records and disclosure of information in the record, as well as, all applicable federal, state and local laws, rules and regulations.

122.03 The facility shall have written policies and procedures that protect the confidentiality of patient records and govern the disclosure of information in the records. The policies and procedures shall specify the conditions under which information on applicants or patients may be disclosed and the procedures for releasing such information.

122.04 A patient or his or her authorized representative may consent to the release of information provided that written consent is given on a form containing the following information:

1. Name of patient;

2. Name of program;

3. The name of the person, agency or organization to which the information is to be disclosed;

4. The specific information to be disclosed;

5. The purpose for the disclosure;

6. The date the consent was signed and the signature of the individual witnessing the consent;

7. The signature of the patient, parent, guardian or authorized representative; and

8. A notice that the consent is valid only for a specified period of time.

122.05 The written consent of a patient, or his or her authorized representative, to the disclosure of information shall be considered valid only if the following conditions have been met:

1. The patient or the representative shall be informed, in a manner calculated to assure his or her understanding, of the specific type of information that has been requested and, if known, the benefits and disadvantages of releasing the information;

2. The patient or the representative shall give consent voluntarily;

3. The patient or the representative shall be informed that the provision of services is not contingent upon his or her decision concerning the release of information; and

4. The patient's consent shall be acquired in accordance with all applicable federal, state and local laws, rules and regulations.

122.06 Every consent for release of information, the actual date the information was released, the specific information released, and the signature of the staff member who released the information shall be made a part of the patient record.

122.07 In a life-threatening situation or when an individual's condition or situation precludes the possibility of obtaining written consent, the facility may release pertinent medical information to the medical personnel responsible for the individual's care without the individual's consent and without the authorization of the Chief Executive Officer or a designee, if obtaining such authorization would cause an excessive delay in delivering treatment to the individual.

When information has been released under emergency conditions, the staff member responsible for the release of information shall enter all pertinent details of the transaction into the individual's record including at least the following items:

1. The date the information was released;

2. The person to whom the information was released;

3. The reason the information was released;

4. The reason written consent could not be obtained; and

5. The specific information released.

The patient or applicant shall be informed that the information was released as soon as possible after the release of information.

122.08 Patient records shall not be removed from the facility except upon subpoena and court order.

123 PRESERVATION AND STORAGE

123.01 Records shall be preserved, either in the original or by microfilm, for a period of time not less than that determined by the statute of limitations in the State of Mississippi.

123.02 Written policies and procedures shall govern the compilation, storage, dissemination and accessibility of patient records. The policies and procedures shall be designed to assure that the facility fulfills its responsibility to safeguard and protect the patient record against loss, unauthorized alteration, or disclosure of information; to assure that each patient record contains all required information; to uniformity in the format and forms in use in patient records; to require entries in patient records to be dated and signed.

123.03 The facility shall provide facilities for the storage, processing and handling of patient records, including suitably locked and secured rooms and files. When a facility stores patient data on magnetic tape, computer files, or other types of automated information systems, adequate security measures shall prevent inadvertent or unauthorized access to such data. A written policy shall govern the disposal of patient records. Methods of disposal shall be designed to assure the confidentiality of information in the records.

124 PERSONNEL

124.01 The patient records department shall maintain, control and supervise the patient records, and shall be responsible for maintaining the quality.

124.02 A qualified medical record individual who is employed on at least a part-time basis, consistent with the needs of the facility and the professional staff, shall be responsible for the patient records department. This individual shall be a registered record administrator or an accredited record technician.

124.03 When it can be demonstrated that the size, location or needs of the facility do not justify employment of a qualified individual, the facility must secure the consultative assistance of a registered record administrator at least twice a year to assure that the patient record department is adequate to meet the needs of the facility.

125 CENTRALIZATION OF REPORTS

125.01 All clinical information pertaining to a patient's stay shall be centralized in the patient's record.

The original or all reports originating in the facility shall be filed in the medical record.

Appropriate patient records shall be kept on the unit where the patient is being treated and shall be directly accessible to the clinician caring for the patient.

126 CONTENT OF RECORDS

126.01 The medical record shall contain sufficient information to justify the diagnosis and warrant the treatment and end results. The patient record shall describe the patient's health status at the time of admission, the services provided and the patient's progress in the facility, and the patient's health status at the time of discharge. The patient record shall provide information for the review and evaluation of the treatment provided to the patient. When appropriate, data in the patient record shall be used in training, research, evaluation and quality assurance programs. When indicated, the patient record shall contain documentation that the rights of the patient and of the patient's family are protected. The patient record shall contain documentation of the patient's and, as appropriate, family members' involvement in the patient's treatment program. When appropriate, a separate record may need to be maintained on each family member involved in the patient's treatment program. The patient record shall contain identifying data that is recorded on standardized forms. This identifying data shall include the following:

1. Full name;
2. Home address;
3. Home telephone number;
4. Date of birth;
5. Sex;
6. Race or ethnic origin;
7. Next of kin;

8. Education;

9. Marital status;

10. Type and place of employment;

11. Date of initial contact or admission to the facility;

12. Legal status, including relevant legal documents;

13. Other identifying data as indicated;

14. Date the information was gathered; and

15. Signature of the staff member gathering the information.

126.02 The patient record shall contain information on any unusual occurrences such as the following:

1. Treatment complications;

2. Accidents or injuries to the patient;

3. Morbidity;

4. Death of a patient; and

5. Procedures that place the patient at risk or that cause unusual pain.

126.03 As necessary, the patient record shall contain documentation of the consent of the patient, appropriate family members or guardians for admission, treatment, evaluation, aftercare or research.

126.04 The patient record shall contain both physical and psychiatric diagnoses that have been made using a recognized diagnostic system.

126.05 The patient record shall contain reports of laboratory, roentgenographic, or other diagnostic procedures and reports of medical/surgical services when performed.

126.06 The patient record shall contain correspondence concerning the patient's treatment, and signed and dated notations of telephone calls concerning the patient's treatment.

126.07 A discharge summary shall be entered in the patient's record within a reasonable period of time (not to exceed 14 days) following discharge as determined by the professional staff bylaws, rules and regulations.

126.08 The patient record shall contain a plan for aftercare.

126.09 All entries in the patient record shall be signed and dated. Symbols and abbreviations shall be used only if they have been approved by the professional staff, and only when there is an explanatory legend. Symbols and abbreviations shall not be used in the recording of diagnoses.

126.10 When a patient dies, a summation statement shall be entered in the record in the form of a discharge summary. The summation statement shall include the circumstances leading to death and shall be signed by a physician. An autopsy shall be performed whenever possible. When an autopsy is performed, a provisional anatomic diagnosis shall be recorded in the patient's record within 72 hours. The complete protocol shall be made part of the record within three (3) months.

127 PROMPTNESS OF RECORD COMPLETION

127.01 Current records shall be completed promptly upon admission. Records of patients discharged shall be completed within 14 days following discharge. The staff regulations of the facility shall provide for the suspension or termination of staff privileges of physicians who are persistently delinquent in completing records.

128 IDENTIFICATION, FILING AND INDEXING

128.01 A system of identification and filing to ensure the prompt location of a patient's medical record shall be maintained.

128.02 The patient index cards shall bear at least the full name of the patient, the address, the birth date and the medical record number.

128.03 Records shall be indexed according to disease and physician, and shall be kept up to date. For indexing, any recognized system may be used.

128.04 Indexing shall be current within six (6) months following discharge of the patient.

129 FACILITY AND PROGRAM EVALUATION

129.01 Program evaluation is a management tool primarily utilized by the facility's administration to assess and monitoring, on a priority bases, a variety of facility, service and programmatic activities.

129.02 The facility shall have a written statement of goals and objectives.

The goals and objectives shall result from a planning process.

The goals and objectives shall be related to the needs of the population served.

129.03 The written statement of the goals and objectives of the facility service and programmatic activities shall be provided to the governing body and facility administration and shall be made available to staff.

129.04 The facility shall have a written plan for evaluating its progress in attaining its goals and objectives.

129.05 The written plan shall specify the information to be collected and the methods to be used in retrieving and analyzing this information.

129.06 The written plan shall specify methods for assessing the utilization of staff and other resources to meet facility goals and objectives.

129.07 The written plan shall specify when evaluations shall be conducted.

129.08 The written plan shall specify the criteria to be used in assessing the facility's progress in attaining its goals and objectives.

129.09 The written plan shall require an explanation of any failure to achieve facility goals and objectives.

129.10 There shall be documentation that the goals and objectives of facility, service and programmatic activities shall be evaluated at least annually and revised as necessary.

129.11 There shall be documentation that the results of the evaluation shall be provided to the governing body and facility administration and shall be made available to staff.

129.12 There shall be documentation that the findings of the evaluation have influenced facility and program planning.

130 FISCAL MANAGEMENT

130.01 The facility shall annually prepare a formal, written budget of expected revenues and expenses.

130.02 The budget shall categorize revenues for the facility by source.

130.03 The budget shall categorize expenses by the types of services of programs provided.

130.04 The budget shall be reviewed and approved by the governing body prior to the beginning of the fiscal year.

130.05 Revisions made in the budget during the fiscal year shall be reviewed and approved by the governing body.

130.06 The fiscal management system shall include a fee schedule.

130.07 The facility shall maintain current, written schedules of rate and charge policies that have been approved by the governing body.

130.08 The fee schedule shall be accessible to personnel and to individuals served by the facility.

131 UTILIZATION REVIEW

131.01 The facility shall demonstrate appropriate allocation of its resources by conducting a utilization review program. The program shall address underutilization, over-utilization and inefficient scheduling of the facility's resources.

131.02 The facility shall implement a written plan that describes the utilization review program and governs its operations.

131.03 The written plan shall include at least the following: a. a delineation of the responsibilities and authority of those involved in utilization review activities, including members of the professional staff, the utilization review committees, the administration, and when applicable, any qualified outside organization contracted to perform review activities; b. a conflict of interest policy applicable to everyone involved in utilization review activities; c. a confidentiality policy applicable to all utilization review activities and to resultant findings and recommendations; d. a description of the method(s) used to identify utilization-related problems; e. the procedures for conducting concurrent review; and f. a mechanism for initiating discharge planning.

131.04 The written plan shall be approved by the professional staff, the administration, and the governing body.

131.05 The methods for identifying utilization-related problems shall include analysis of the appropriateness and clinical necessity of admission, continued stays, and supportive services; analysis of delays in the provision of supportive services; and examination of the findings of related quality assurance activities and other current relevant documentation.

131.06 Such documentation may include, but is not limited to, profile analyses; the results of patient care evaluation studies, medication usage reviews, and infection control activities; and reimbursement agency utilization reports that are program/service-specific.

131.07 To identify problems and document the impact of corrective actions taken, retrospective monitoring of the facility's utilization of resources shall be ongoing.

131.08 The procedures for conducting concurrent review shall specify the time period following admission within which the review is to be initiated and the length-of-stay norms and percentiles to be used in assigning continued stay review dates.

131.09 Sources of payment shall not be the sole basis for determining which patients are to be reviewed concurrently.

131.10 Written measurable criteria and length-of-stay norms that have been approved by the professional staff shall be utilized in performing concurrent review and shall be included in, or appended to, the facility's utilization review plan.

131.11 Length-of-stay norms must be specific to diagnoses, problems, or procedures.

131.12 To facilitate discharge when care is no longer required, discharge planning shall be initiated as soon as the need for it can be determined.

131.13 Criteria for initiating discharge planning may be developed to identify those patients whose diagnoses, problems or psychosocial circumstances usually require discharge planning.

131.14 Discharge planning shall not be limited to placement in long term facilities, but shall also include provision for, or referral to, services that the patient may require to improve or maintain his or her mental health status.

131.15 The facility's utilization review program, including the written plan, criteria, and length-of-stay norms, shall be reviewed and evaluated at least annually and revised as necessary to reflect the findings of the program's activities.

131.16 A record shall be maintained or reviews of, and revisions to, the utilization review program.

131.17 The findings of such reviews shall be reported to the appropriate committee of the professional staff and to the governing body.

132 INDIVIDUALIZED COMPREHENSIVE TREATMENT PLANNING

INTAKES

132.01 Written policies and procedures governing the intake process shall specify the following: a. the information to be obtained on all applicants or referrals for admission; b. the records to be kept on all applicants; c. the statistical data to be kept on the intake process; and d. the procedures to be followed when an applicant or a referral is found ineligible for admission.

132.02 Criteria for determining the eligibility of individuals for admission shall be clearly stated in writing.

132.03 The intake procedure shall include an initial assessment of the patient.

The intake assessment shall be done by professional staff. The results of the intake assessment shall be clearly explained to the patient.

The results of the intake assessment shall be clearly explained to the patient's family when appropriate.

132.04 Acceptance of a patient for treatment shall be based on an intake procedure that results in the following conclusions: a. the treatment required by the patient is appropriate to the intensity and restrictions of care provided by the facility or program component; and/or b. the treatment required can be appropriately provided by the facility or program component; and c. the alternatives for less intensive and restrictive treatment are not available.

The patient record shall contain the source of any referral.

132.05 During the intake process, every effort shall be made to assure that applicants understand the following: a. the nature and goals of the treatment program; b. the treatment costs to be borne by the patient, if any; and c. the rights and responsibilities of patients, including the rules governing patient conduct and the types of infractions that can result in disciplinary action or discharge from the facility or program component.

132.06 Facilities shall have policies and procedures that adequately address the following items for each patient: a. responsibility for medical and dental care, including consents for medical or surgical care and treatment; b. when appropriate, arrangements for family participation in the treatment program; c. arrangements for clothing, allowances, and gifts; d. arrangements regarding the patient's departure from the facility or program; and e. arrangements regarding the patient's departure from the facility or program against clinical advice.

132.07 When a patient is admitted on court order, the rights and responsibilities of the patient and the patient's family shall be explained to them.

132.08 This explanation of the rights and responsibilities of the patient and the patient's family shall be documented in the patient's record.

132.09 Sufficient information shall be collected during the intake process to develop a preliminary treatment plan.

132.10 Staff members who will be working with the patient but who did not participate in the initial assessment shall be informed about the patient prior to meeting him or her.

133 ASSESSMENTS

133.01 Within 72 hours of admission, the staff shall conduct a complete assessment of each patient's needs. The assessment shall include, but shall not necessarily be limited to physical, emotional, behavioral, social, recreational, nutritional, and when appropriate, legal and vocational.

133.02 A licensed physician shall be responsible for assessing each patient's physical health. The health assessment shall include a medical history; a physical examination; and neurological examination when indicated and a laboratory workup. The physical examination shall be completed within 24 hours after admission.

133.03 In facilities serving children and adolescents, each patient's physical health assessment shall also include evaluations of the following: motor development and functioning; sensorimotor functioning; speech, hearing, and language functioning, visual functioning; and immunization status. Facilities serving children and adolescents shall have all necessary diagnostic tools and personnel available to perform physical health assessments.

133.04 A registered nurse shall be responsible for obtaining a nursing history and assessment at the time of admission.

133.05 A psychiatric evaluation of each patient shall be completed and entered in the patient's record.

133.06 The evaluation shall include, but not be limited to, the following items: a. a history of previous emotional, behavioral, and psychiatric problems and treatment; b. the patient's current emotional and behavioral functioning; c. when indicated, psychological assessments, including intellectual and personality testing.

133.07 A social assessment of each patient shall be completed by the qualified social worker and entered in the patient's record. The assessment shall include information relating to the following areas, as necessary: a. environment and home b. religion c. childhood history d. military service history e. financial status f. the social, peer-group, and environmental setting from which the patient comes; and g. the patient's family circumstances, including the constellation of the family group, the current living situation, and social, ethnic, cultural, emotional, and health factors.

133.08 A recreational assessment of each patient shall be completed by the qualified recreational director and shall include information relating to the individual's current skills, talents, aptitudes, and interests.

133.09 A nutritional assessment shall be conducted by the food service supervisor or registered dietitian and shall be documented in the patient's record.

133.10 When appropriate, a vocational assessment of the patient shall be undertaken and shall include, but not be limited to, the following areas: a. vocational therapy b. educational history, including academic and vocational training, and c. a preliminary discussion between the individual and the staff member doing the assessment concerning the individual's past experiences with, and attitudes toward work, present motivations or areas of interest, and possibilities for future education, training, and employment.

133.11 When appropriate, a legal assessment of the patient shall be undertaken and shall include, but not be limited to, the following areas:

1. A legal history; and

2. A preliminary discussion to determine the extent to which the individual's legal situation will influence his or her progress in treatment and the urgency of the legal situation.

134 TREATMENT PLANS

134.01 Each patient shall have a written individual treatment plan that is based on assessments of his or her clinical needs.

134.02 Overall development and implementation of the treatment plan shall be assigned to an appropriate member of the professional staff.

134.03 The treatment plan shall be developed as soon as possible after the patient's admission.

134.04 Appropriate therapeutic efforts may begin before a fully developed treatment plan is finalized.

134.05 Upon admission, a preliminary treatment plan shall be formulated on the basis of the intake assessment.

134.06 Within 72 hours following admission a designated member of the treatment team shall develop an initial treatment plan that is based on at least an assessment of the patient's presenting problems, physical health, emotional status, and behavioral status. This initial treatment plan shall be utilized to implement immediate treatment objectives.

134.07 If a patient's stay in a facility is ten days or less, only a discharge summary will be required in addition to the initial treatment plan.

134.08 If a patient's stay in a facility exceeds ten days, the interdisciplinary team shall develop a master treatment plan that is based on a comprehensive assessment of the patient's needs.

134.09 The master treatment plan shall contain objectives and methods for achieving them.

134.10 The treatment plan shall reflect the facility's philosophy of treatment and the participation of staff from appropriate disciplines.

134.11 The treatment plan shall reflect consideration of the patient's clinical needs.

134.12 The treatment plan shall specify the services necessary to meet the patient's needs.

134.13 The treatment plan shall include referrals for needed services that are not provided directly by the facility.

134.14 The treatment plan shall contain specific goals that the patient must achieve to attain, maintain, and/or reestablish emotional and/or physical health as well as maximum growth and adaptive capabilities. These goals shall be based on assessments of the patient and, as appropriate, the patient's family.

134.15 The treatment plan shall contain specific objectives that relate to the goals, are written in measurable terms, and include expected achievement dates.

134.16 The treatment plan shall describe the services, activities, and programs planned for the patient, and shall specify the staff members assigned to work with the patient.

134.17 The treatment plan shall specify the frequency of treatment procedures.

134.18 The treatment plan shall delineate the specific criteria to be met for termination of treatment.

Such criteria shall be a part of the initial treatment plan.

134.19 When appropriate, the patient shall participate in the development of his or her treatment plan, and such participation shall be documented in the patient's record.

134.20 A specific plan for involving the family or significant others shall be included in the treatment plan when indicated.

135 PROGRESS NOTES

135.01 Progress notes shall be recorded by the physician, nurse, social worker and, when appropriate, others significantly involved in treatment. The frequency of progress notes is determined by the condition of the patient but should be recorded at least weekly for the first two (2) months and at least monthly thereafter.

135.02 Progress notes shall be entered in the patient's record and shall include the following: a. documentation of implementation of the treatment plan b. documentation of all treatment rendered to the patient c. description of change in the patient's condition; and d. descriptions of the response of the patient to treatment, the outcome of treatment, and the response of significant others to important intercurrent events.

135.03 Progress notes shall be dated and signed by the individual making the entry.

135.04 All entries involving subjective interpretation of the patient's progress should be supplemented with a description of the actual behavior observed.

136 TREATMENT PLAN REVIEW

136.01 Interdisciplinary case conferences shall be regularly conducted to review and evaluate each patient's treatment plan and his or her progress in attaining the stated treatment goals and objectives.

136.02 Interdisciplinary case conferences shall be documented, and the results of the review and evaluation shall be recorded in the patient's record. The review and update shall be completed no later than thirty (30) days following the first 10 days of treatment and at least every 60 days thereafter.

137 DISCHARGE PLANNING/AFTERCARE

137.01 The facility maintains a centralized coordinated program to ensure that each patient has a planned program of continuing care which meets his post-discharge needs.

137.02 Each patient shall have an individualized discharge plan which reflects input from all disciplines involved in his care. The patient, patient's family, and/or significant others shall be involved in the discharge planning process.

137.03 Discharge planning data shall be collected at the time of admission or within seven (7) days thereafter.

137.04 The Chief Executive Officer shall delegate the responsibility for discharge planning, in writing, to one or more staff members.

137.05 The facility shall maintain written discharge planning policies and procedures which describe:

1. How the discharge coordinator will function, and his authority and relationships with the facility's staff;

2. The time period in which each patient's need for discharge planning is determined (within seven days after admission).

3. The maximum time period after which re-evaluation of each patient's discharge plan is made.

4. Local resources available to the facility and the patient to assist in developing and implementing individual discharge plan; and e. Provisions for periodic review and re-evaluation of the facility's discharge planning program (at least annually).

137.06 An interdisciplinary case conference shall be held prior to the patient's discharge. The discharge/aftercare plan shall be reviewed with the patient, patient's family and/or significant others.

137.07 The facility shall have documentation that the aftercare plan has been implemented and shall have documentation of follow-ups to assure referrals to appropriate community agencies.

138 DISCHARGE SUMMARY

138.01 A discharge summary shall be entered in the patient's record within fourteen (14) days following discharge. The discharge summary shall include but not be limited to: a. reason for admission b. brief summary of treatment c. reason for discharge d. assessment of treatment plan goals and objectives. recommendations and arrangements for further treatment, including prescribed medications and aftercare.

139 SUPPORT SERVICES

PHARMACY

139.01 Direction and Supervision

The hospital shall have a pharmacy directed by a registered pharmacist, who has had, by education or experience, training in the specialized area of hospital pharmacy. The pharmacy or drug room shall be administered in accordance with accepted professional principles. The pharmacist shall be assisted, as needed, by additional qualified pharmacists and ancillary personnel.

139.02 Pharmacy assistants shall work under the supervision of a pharmacist and shall not be assigned duties that are required to be performed only by registered pharmacists.

139.03 Provision shall be made for emergency pharmaceutical services.

139.04 If the hospital has 50 beds or less, and if no full-time pharmacists are employed by the hospital; and if medications administered to patients in the hospital are dispensed by pharmacist(s) elsewhere (i.e. outside the hospital)...then the hospital must have arrangements with a consultant pharmacist who shall supervise all matters pertaining to medication handling in the hospital. The hospital must have a written agreement with the consultant pharmacist to provide services on a routine basis to the hospital. The consultant pharmacist must make regular visits to the hospital to ensure the proper procurement, storage, recordkeeping, administration, and disposal of medications within the hospital. The consultant pharmacist must submit a written report, at least monthly, to the administrator upon the status of the performance of nursing personnel in the areas of drug handling as mentioned above. The report shall include any discrepancies in recordkeeping the consultant pharmacist finds

during his/her inspection of the hospital. The consultant pharmacist shall meet all other requirements for Pharmacist as outlined under the other Sections 2901.2 through 2901.76.

140 RECORDS

140.01 Records shall be kept of the transactions of the pharmacy (or drug room) and correlated with other hospital records where indicated. Such special records shall be kept as required by law.

140.02 The pharmacy shall establish and maintain a satisfactory system of records and accountability in accordance with the policies of the hospital for maintaining adequate control over the requisitioning and dispensing of all drugs and pharmaceutical supplies.

140.03 A record of the stock on hand and of the dispensing of all narcotic drugs shall be maintained in such a manner that the disposition of any particular item may be readily traced.

140.04 Where possible, the label of each outpatient's individual prescription medication container shall bear the lot and control number of the drug, the name of the manufacturer (or trademark) and, unless the physician directs otherwise, the name of the medication dispensed.

141 CONTROL OF TOXIC OR DANGEROUS DRUGS

141.01 Policies shall be established to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage. The facility shall establish a written policy that all toxic or dangerous medications, not specifically prescribed as to time or number of doses, shall be automatically stopped after a reasonable time limit. The classification ordinarily thought of as toxic, dangerous or abuse drugs shall be varcotics, sedatives, anticoagulants, antibiotics, oxytocics and cortisone products, and shall include other categories so established by federal, state or local laws.

142 DRUGS TO BE DISPENSED

142.01 The pharmacist, with the advice and guidance of the pharmacy and therapeutics committee, shall be responsible for specifications as to quality, quantity, and source of supply of all drugs.

142.02 There shall be available a formulary or list of drugs accepted for use in the facility which is developed and amended at regular intervals by the pharmacy and therapeutics committee (or equivalent committee) with the cooperation of the pharmacist and the administration.

142.03 The pharmacy of drug room shall be adequately supplied with preparations as approved.

142.04 **Committee**. There shall be a pharmacy and therapeutics committee (or equivalent committee), composed of physicians and pharmacists, and registered professional nurses, established in the facility.

142.05 It shall represent the organization line of communication and the liaison between the professional staff and the pharmacist.

142.06 The committee shall assist in the formulation of board professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, and safety procedures, and all other matters relating to drugs in hospitals.

142.07 The committee shall perform the following specific functions: a. Serve as an advisory group to the professional staff and the pharmacist on matters pertaining to the choice of drugs; b. develop and review periodically a formulary or drug list for use in the facility; c. establish standards concerning the use and control of investigational drugs and research in the use of recognized drugs; d. evaluate clinical data concerning new drugs or preparations requested for use in the facility; e. make recommendations concerning drugs to be stocked on the nursing unit floors and by other services; and f. prevent unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients.

142.08 The committee shall meet at least quarterly and report to the professional staff.

143 MEDICATION CONTROL

143.01 The facility shall have written policies and procedures designed to ensure that all medications are dispensed and administered safely and properly in accordance with the applicable federal, state, and local laws and regulations.

143.02 Medication orders shall be written only by authorized prescribers.

143.03 An up-to-date list of authorized prescribers shall be available in all areas where medication is dispensed.

143.04 Telephone orders shall be accepted only from individuals on the list of authorized prescribers.

143.05 Telephone orders shall be limited to emergency situations that have been defined in writing in the facility's policies and procedures manual.

143.06 Telephone orders shall be accepted and written in the patient's record only by staff authorized to administer medication.

143.07 Telephone orders shall be signed by an authorized prescriber on the next regular working day, but in all events within 72 hours.

143.08 A written order signed by the authorized prescriber shall be include in patient's record.

143.09 Medication orders that contain abbreviations and chemical symbols shall be carried out only if the abbreviations and symbols are on a standard list approved by the physician members of the professional staff.

143.10 There shall be automatic stop orders on specified medications. Refer to141.01.

143.11 There shall be a specific routine of drug administration, indicating dose schedules and standardization of abbreviations.

143.12 Only pharmacists, physicians, registered nurses, or licensed practical nurses shall administer medications.

143.13 Self administration of medication shall be permitted only when specifically ordered by the responsible physician.

143.14 Drugs brought into the facility by patients shall not be administered unless they can be absolutely identified, and unless written orders to administer these specific drugs are given by the responsible physician. If the drugs that the patient brings to the facility are not to be used, they shall be packaged, sealed, and stored, and, if approved by the responsible physician, they shall be returned to the patient, family, or significant others at the time of discharge.

143.15 The patient and, when appropriate, the family shall be instructed about which medications, if any, are to be administered at home.

143.16 Medications administered, medication errors, and adverse drug reactions shall be documented in the patient's record.

143.17 Facilities should implement a reporting system under which the reporting program of the federal

Food and Drug Administration and the drug manufacturer are advised of unexpected adverse drug reactions.

143.18 There shall be methods of detecting drug side effects or toxic reactions.

143.19 Investigational drugs shall be used only under the direct supervision of the principal investigator and with the approval of research review committee and either the physician members of the professional staff or an appropriate committee of the professional staff.

143.20 A central unit shall be established where essential information on investigational drugs, such as dosage form, dosage range, storage requirements, adverse reactions, usage, and contraindications, is maintained.

143.21 Investigational drugs shall be properly labeled.

143.22 Nurses may administer investigational drugs only after receiving basic pharmacologic information about the drugs.

143.23 The facility shall have specific methods for controlling and accounting for drug products.

143.24 The pharmacy service shall maintain records of its transactions as required by law and as necessary to maintain adequate control of, and accountability for, all drugs. These records shall document all supplies issued to units, departments, or services of the facility, as well as all prescription drugs dispensed.

143.25 Records and inventories of the drugs listed in the current Comprehensive Drug Abuse Prevention and Control Act shall be maintained as required by the act and regulations.

143.26 Distribution and administration of controlled drugs are adequately documented, and inspections of these records by the pharmacist is documented.

144 EMERGENCY MEDICATION KIT

144.01 There is an emergency kit that is: a. made up under the supervision and responsibility of the pharmacist, and approved by the Pharmacy and Therapeutic Committee; b. readily available to staff yet not accessible to patients; c. constituted so as to be appropriate to the needs of the patients; and d. inspected monthly to remove deteriorated and outdated drugs and to ensure completeness of content.

144.02 The pharmacist responsible for the emergency kit shall provide a list of its contents and appropriate instructions, and shall authenticate this list with his signature.

145 STORAGE OF DRUGS

145.01 Drug storage shall be maintained in accordance with the security requirements of federal, state, and local laws. Drug preparation areas and drug storage areas shall be well-lighted and shall be so located that personnel will not be interrupted when handling drugs.

145.02 All drugs shall be kept in locked storage.

145.03 Poisons, external drugs, and internal drugs shall be stored on separate shelves or in separate cabinets.

145.04 Medications that are stored in a refrigerator containing items other than drugs shall be kept in a separate compartment or container with proper security.

145.05 Antidote charts and the telephone number of the Regional Poison Control Center shall be kept in all drug storage and preparation areas.

146 SPACE FOR STORAGE OF DRUGS

146.01 Adequate space shall be provided in the Pharmacy for storage of drugs and for keeping of necessary records. The pharmacy shall be capable of being securely locked in accordance with regulations regarding storage of dangerous drugs. Adequate space is defined on a minimum of 350 square feed for 50 beds or less; 500 sq. feet for 75 beds or less; 750 sq. ft. for 100 beds of less, and 1000 sq. ft. for 100 beds or more.

146.02 If the hospital has 50 beds or less, and if no full-time pharmacists are employed by the hospital, and if medications administered to patients in the hospital are dispensed by pharmacist(s) elsewhere (i.e. outside the hospital)...then only the storage of pre-dispensed, individual medications (either medication containers or unit-dose medications) shall be allowed in the hospital. The exception is for the allowance for Emergency Medications...as outlined in 2901.49 of these regulations.

146.03 Storage of medications, as outlined directly above, in the hospital shall be in an area to measure not less than 100 square feet of space. This storage area is to be designated as the Medication

Preparation Area/Room, and is to have the following personality:

1. Medication Refrigerator (for storage or drugs and biologicals);

2. Handwashing lavatory with hot water capability, and paper towel dispenser.

3. Medication Preparation Area/Room to have self-closing self-locking door(s);

4. Medication Preparation Area/Room to have its own environment control, i.e., its own thermostats and regulator of heating and air-conditioning. The air temperature in the Medication Preparation Area/Room is not to exceed 85 degrees Fahrenheit or fall below 50 degrees Fahrenheit.

5. Medication Preparation Area/Room to have counter-top space provided for medication preparation adequate to meet the needs of the hospital, but not less than 18 square feet of space (the hospital may ask for a variance of this requirement if medication carts are utilized with a unit-dose drug delivery system).

6. Medication Preparation Area/Room to have special, securely constructed cabinet(s) or area, adequate in size, for the storage of controlled substances in the hospital (the hospital may ask for a variance of this

requirement if medication carts are utilized which are equipped with securely constructed controlled substance cabinets(s).

147 QUALITY ASSURANCE ACTIVITIES

147.01 A pharmacist shall regularly review the medication records of patients.

147.02 All medication orders shall be reviewed monthly by the responsible physician. Adverse drug reactions and medication errors shall be reported to the physician responsible for the patient, and shall be documented in the patient's record.

147.03 The pharmacist in charge of dispensing medications shall provide for monthly inspection of all storage units including emergency boxes and emergency carts.

147.04 A record of these inspections shall be maintained in order to verify the following:

1. Disinfectants and drugs for external use are stored separately from internal and injectable medications.

2. Drugs requiring special conditions for storage to ensure stability are properly stored.

148 FUNCTIONAL SAFETY AND SANITATION

148.01 Adequate precautions shall be taken to store medications under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

148.02 All drugs shall be kept in locked storage.

148.03 Security shall be maintained in accordance with local and state laws.

148.04 Poisons, external drugs, and internal drugs shall be stored on separate shelves or in separate containers.

148.05 Drugs preparation and storage areas shall be well lighted and shall be located where personnel will not be interrupted when handling drugs.

148.06 Metric-apothecaries' weight and measure conversion charts shall be posted in each drug preparation area and wherever else they are needed.

149 CONTINUING EDUCATION

149.01 The director of the pharmacy service shall receive orientation in the specialization functions of the facility.

149.02 A pharmacist should participate in staff development programs for the clinical staff.

149.03 As appropriate, a pharmacist should participate in public education and information programs relative to the services of the facility.

149.04 Up-to-date pharmaceutical reference material shall be provided so that appropriate staff will have adequate information concerning drugs.

149.05 Current editions of text and reference books covering the following topics shall be provided; theoretical and practical pharmacy; general, organic, pharmaceutical, and biological chemistry; toxicology; pharmacology; bacteriology; sterilization and disinfection; and other subjects important to good patient care.

150 DIETARY

ORGANIZATION

150.01 The facility shall have an organized dietary department directed by a qualified food service supervisor, with services of a registered dietitian on at least a consultant basis. However, a facility which has a contract with an outside food management company may be found to meet this requirement if the company has a therapeutic dietitian who serves, as required by scope and complexity of the services, on a full-time, part-time, or consultant basis to the facility. If the dietitian is not employed full-time a certified food service supervisor should direct the dietary department.

150.02 The qualified dietitian shall be registered or eligible for registration by the Commission on Dietetic Registration.

150.03 When a qualified dietitian is employed on a part-time or consultative basis, the dietitian shall devote enough time to accomplish the following tasks:

1. Assure continuity of services;

2. Direct the nutritional aspects of patient care;

3. Assure that dietetic instructions are carried out;

4. On occasion, supervise the serving of meals; and assist in the evaluation of the dietetic services.

150.04 Regular written reports shall be submitted to the Chief Executive Officer on the extent of services provided by the dietitian.

150.05 There shall be written policies and procedures for food storage, preparation, and service developed by a registered dietitian.

150.06 The dietetic service shall have an adequate number of appropriately qualified individual to meet the dietetic needs of the facility's patients. Dietetic service personnel shall assist patients when necessary in making appropriate food choices from the planned daily menu. Dietetic services personnel shall be made aware that emotional factors may cause patients to change their food habits. Dietetic service personnel shall inform appropriate members of the professional staff of any change in a patient's food habits.

150.07 Written job descriptions of all dietary employees shall be available.

150.08 There shall be procedures to control dietary employees with infectious and open lesions. Routine health examinations shall meet local and state codes for food service personnel.

150.09 There shall be an on-going planned in-service training program for dietary employees which includes the proper handling of food and personal grooming, safety, sanitation, behavioral and therapeutic needs of patients.

151 FACILITIES

151.01 Adequate space, equipment, ventilation and supplies as well as any necessary written procedure and precautions, shall be provided for the safe and sanitary operation of the dietetic service and the safe and sanitary handling and distribution of food.

151.02 The food service area should be appropriately located.

151.03 The dietitian's office should be easily accessible to all who require consultation services.

151.04 Sufficient space shall be provided for support personnel to perform their duties.

151.05 The layout of the department and the type, amount, size, and placement of equipment shall make possible the efficient and sanitary preparation and distribution of food.

151.06 Lavatories with wrist action blades, soap dispenser and disposable towel dispenser shall be located throughout the dietary department.

151.07 Dry or staple food items shall be stored in a ventilation room which is not subject to sewage or waste water backflow, or contamination by condensation, leakage, rodents or vermin.

151.08 All perishable foods shall be refrigerated at the appropriate temperature and in an orderly and sanitary manner. Each refrigerator shall contain a thermometer in good working order.

151.09 Foods being displayed or transported shall be protected from contamination.

151.10 Dishwashing procedures and techniques shall be developed and carried out in compliance with the state and local health codes.

151.11 All garbage and kitchen refuse which is not disposed of mechanically shall be kept in leak-proof non-absorbent containers with close fitting covers and be disposed of routinely in manner that will not permit transmission of disease, a nuisance, or a breeding place for flies.

151.12 All garbage containers are to be thoroughly cleaned inside and outside each time emptied.

151.13 All dietary areas, equipment, walls, floors, etc., shall be kept maintained in good working condition and sanitary at all times.

152 DIETS

152.01 There shall be a systematic record of diets, correlated when appropriate, with the medical records.

The dietitian shall have available an up-to-date manual or regimens for all therapeutic diets, approved jointly by the dietitian and medical staff, which is available to dietary supervisory personnel. Diets serviced to patients shall be in compliance with these established diet principles: a. The diet manual shall be reviewed annually and revised as necessary by a qualified dietitian, and shall be dated to identify the time of the review. b. Revisions to the diet manual shall be approved by the facility's physician. c. The diet manual should be used to standardize the ordering of diets. d. The policies and procedures shall provide for dietetic counseling. e. The nutritional deficiencies of any diet in the manual shall be indicated. f. The policies and procedures shall require the recording of dietetic orders in the patient's record. g. The policies and procedures shall require the recording of all observations and information pertinent to dietetic treatment in the patient's record by the food service supervisor or dietitian. h. The policies and procedures shall require the use of standards for nutritional care in evaluating the nutritional adequacy of the patient's diet and in ordering diet supplements. The current Recommended Dietary Allowances of the Food and

Nutrition Board of the National Research Council of the National Academy of

Science is suggested as a guide in developing these standards. i. The policies and procedures shall describe the methods for assuring that each patient on a special diet receives the prescribed diet regimen. j. The policies and procedures shall provide for altering diets or diet schedules as well as for discontinuing

diets. k. Dietetic service personnel shall conduct periodic food acceptance studies among the patients and should encourage them to participate in menu planning. l. The results of food acceptance studies should be reflected in revised menus. m. All menus shall be approved by a qualified dietitian.

153 FOOD SERVICE AND DINING

153.01 Food shall be served in an appetizing and attractive manner, at planned and realistic mealtimes, and in a congenial and relaxed atmosphere.

153.02 Dining areas should be attractive and maintained at appropriate temperatures.

153.03 The dietetic services shall be patient-oriented and should take into account the many factors that contribute to the wide variations in patient eating habits, including cultural, religious, and ethnic factors.

153.04 Snacks shall be available as appropriate to the nutritional needs of the patient and the needs of the facility.

153.05 The dietetic service shall be prepared to give extra food to individual patients.

153.06 Appropriate food should be available for patients with special or limited dietary needs.

153.07 There shall be adequate equipment provided for tray assembly and tray delivery.

153.08 Facilities or arrangement shall be available family and friends to eat with patients when possible.

154 RECREATION

154.01 The facility shall provide or make arrangements for the provision of recreation services to all patients in accordance with their needs and interests and as appropriate within the scope of the facility's program.

154.02 The facility shall have a written plan that describes the organization of their recreation services or the arrangements made for the provision of recreation services. The recreation services shall have a well-organized plan for using community resources. The goals and objectives of the facility's recreation services shall be stated in writing.

154.03 The facility shall have written policies and procedures for the recreation services which are made available to recreation services and other appropriate personnel. The policies and procedures shall be reviewed and revised at least annually.

154.04 Recreational activities shall be provided to all patients during the day, in the evening, and on weekends. The daily recreation program shall be planned to

provide a consistent and well-structured yet flexible framework for daily living. Whenever possible, patients should participate in planning recreational services.

154.05 Recreation schedules shall be posted in places accessible to patients and staff.

154.06 The recreation program shall be reviewed and revised according to the changing needs of the patients.

154.07 When indicated, recreation services shall be incorporated in the patient's treatment plan.

Recreation services that are included in a patient's treatment plan shall reflect an assessment of the patient's needs interests, life experiences, capacities, and deficiencies. Recreation services staff shall collaborate with other professional staff in delineating goals for patient's treatment, health maintenance, and vocational adjustments.

154.08 The patient's record shall contain progress notes that describe the patient's response to recreation services and other pertinent observations.

154.09 Vehicles used for transportation shall not be labeled in a manner that calls unnecessary attention to the patient.

155 QUALITY ASSURANCE ACTIVITIES

155.01 The recreation services shall have written procedures for ongoing review and revision of its goals, objectives, and role within the facility.

155.02 The recreation service shall maintain statistical and other records on the functioning and utilization.

156 CONTINUING EDUCATION

156.01 The facility service shall maintain ongoing staff development programs. Recreation service staff shall participate in appropriate clinical and administrative committees and conferences.

Recreation services staff shall receive training and demonstrate competence in handling medical and psychiatric emergencies. The recreation service shall encourage extramural studies and evaluations of recreation services and extramural research in recreation services.

157 FUNCTIONAL SAFETY AND SANITATION

157.01 Appropriate space, equipment, and facilities shall be provided to meet the needs of patients for recreation services.

1. Facilities and equipment designated for recreation services shall be constructed or modified in such a manner as to provide, insofar as possible, pleasant and functional areas that are accessible to all patients regardless of their disabilities.

2. Space for offices, storage, and supplies shall be adequate and accessible.

3. When indicated, equipment and supplies that enable the activity to be brought to the patient should be used.

4. Space, equipment and facilities utilized both inside and outside the facility shall meet federal, state, and local requirements for safety, fire prevention, health, and sanitation.

158 PHYSICAL AND OCCUPATIONAL THERAPY

158.01 The facility shall provide, or arrange for, under written agreement, physical and occupational therapy services as needed by patients to improve and maintain functioning.

158.02 Qualified therapists, consultants, volunteers, assistants, or aides, are sufficient in number to provide comprehensive occupation and physical therapy services, as needed, to assure that appropriate treatment is rendered for each patient in accordance with stated goals and objectives.

158.03 Services are provided only upon the written order of a licensed physician.

158.04 The therapist must:

1. Record regularly and evaluate periodically the treatment training progress.

2. Use the treatment training progress as the basis for continuation or change in the program.

158.05 Treatment training programs shall be designed to: a. Preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination, and activities of daily living. b. Prevent, insofar as possible, irreducible disabilities through means such as the use of orthotic and prosthetic appliances, assistive and adaptive devices, positioning, behavior adoptions, and sensory stimulation.

158.06 Evaluation results, treatment objectives, plans and procedures and progress notes shall be recorded in the patient's record.

158.07 For effective and efficient physical and occupational therapy services, the facility shall provide sufficient space, equipment and supplies.

158.08 Physical and occupational therapists shall meet the qualifications of 2705.

158.09 Therapy assistants must work under the supervision of the qualified therapist.

159 EDUCATION

159.01 The facility shall provide, or make arrangements for the provision of, education services to meet the needs of all patients.

159.02 Special education services shall be provided for patients whose emotional disturbances make it difficult for them to learn.

159.03 Education services shall provide opportunities for patients who have fallen behind because of their disorder, to correct deficiencies in their education.

159.04 Facilities that operate their own education service shall have adequate staff and space to meet the educational needs of patients.

159.05 An education director and staff who meet state and/or local certification requirements for education and/or special education shall be provided.

159.06 Special education teachers shall be certified for individuals with emotional disabilities.

159.07 An appropriate ratio of teachers to students shall be provided so teachers can give special attention to students or to groups of students who are at difference stages of treatment and education.

159.08 The education service shall have space and materials commensurate with the scope of its activities, including an adequate number of classrooms.

159.09 When indicated, patients shall participate in education programs in the community. Teachers in the community shall be given the information necessary to work effectively with the patient.

159.10 Clinicians shall periodically confer with teachers or principals on the progress of each patient.

159.11 When appropriate, patients shall be encouraged to take part in extra curricular school activities.

159.12 There shall be documentation in each patient's record of periodic evaluations of educational achievement in relation to development level, chronological age, sex, individuals with disabilities, medications, and psychotherapeutic needs.

160 VOCATIONAL REHABILITATION

POLICIES AND PROCEDURES

160.01 Patients shall receive counseling on their specific vocational needs, for example, their vocational strengths and weaknesses, the demands of their current and

future jobs, the responsibilities of holding a job, and the problems related to vocational training, placement, and employment.

160.02 A facility may delegate vocational rehabilitation responsibilities to an outside vocational rehabilitation agency. However, the agency must assign an individual approved by the facility to serve as the facility's coordinator of vocational rehabilitation and agree to comply with the standards in this section.

160.03 Facilities that have a vocational rehabilitation service shall have written policies and procedures to govern the operation of the service.

160.04 The vocational rehabilitation service shall assess the patients vocational needs with regard to the following:

1. Current work skills and potential for improving skills or developing new ones;

2. Educational background;

3. Aptitudes, interests, and motivations for getting involved in various job-related activities;

4. Physical abilities;

5. Skills and experiences in seeking jobs;

6. Work habits related to tardiness, absenteeism, dependability, honesty, and relations with co-workers and supervisor;

7. Personal grooming and appearance;

8. Expectations regarding the personal, financial, and social benefits to be derived from working; and

9. Amenability to vocational counseling.

160.05 Vocational services shall be provided according to an individualized treatment plan.

160.06 The criteria for determining a patient's job-readiness shall be stated in the patient's treatment plan.

160.07 A record shall be kept of vocational rehabilitation activities, including the date and a description of the activity, participants, and results.

160.08 All work programs must conform to federal, state, and local rules and regulations.

161 STAFF COMPOSITION AND SUPERVISION

161.01 The facility's vocational rehabilitation service shall have a sufficient number of appropriately qualified staff and support personnel.

161.02 A person or team shall be assigned responsibility for the implementation of vocational rehabilitation services.

161.03 The facility shall have at least one qualified vocational rehabilitation counselor or qualified occupational therapist available who is responsible for the professional standards, coordination, and delivery of vocational rehabilitation services.

161.04 All personnel providing vocational rehabilitation services shall have training, experience, and competence consistent with acceptable standards of their specialty field.

161.05 Enough qualified vocational rehabilitation counselors and support personnel shall be available to meet the needs of patients.

162 SPEECH, LANGUAGE, AND HEARING

POLICIES AND PROCEDURES

162.01 Speech, language, and hearing services shall be available, either within the facility or by written arrangement with another facility or a qualified clinician, to provide assessments of speech, language, or hearing when indicated, and to provide counseling, treatment, and rehabilitation when needed.

162.02 Facilities that have a speech, language, and hearing service shall have written policies and procedures to govern the operation of the service.

162.03 The speech, language, and hearing service shall provide the following services:

1. Speech and language screening of patients when deemed necessary by members of the treatment team, the family, or significant others;

2. Comprehensive speech and language evaluation of patients when indicated by screening results;

3. Comprehensive audiological assessment of patients when indicated;

4. Procurement, maintenance, or replacement of hearing aids when specified by a qualified audiologist; and

5. Rehabilitation programs, when appropriate, to establish the speech skills necessary for comprehensive and expression.

162.04 Assessment and treatment results shall be reported accurately and systematically and in manner that accomplishes the following:

1. Defines the problem;

2. Provides a basis for formulating a plan that contains treatment objectives and procedures;

3. Provides information of staff working with the patient; and

4. Provides evaluations and summary reports for inclusion in the patient's record.

163 STAFF COMPOSITION AND SUPERVISION

163.01 The speech, language, and hearing service shall be administered and supervised by qualified speech-language and hearing clinicians.

163.02 All staff with independent responsibilities shall have a Certificate of Clinical Competence or a Statement of Equivalence in either speech pathology or audiology from the American Speech-Language-Hearing Association, or have documented equivalent training and experience; and shall meet current legal requirements of licensure or registration.

163.03 Support personnel, such as speech pathology assistants and communication aides, shall be qualified by training and/or experience for the level of work they perform and shall be appropriately supervised by a staff speech-language pathologist or audiologist.

164 QUALITY ASSURANCE ACTIVITIES

164.01 Equipment shall meet the standards of the American Board of Examiners in Speech Pathology and Audiology of the American Speech-Language-Hearing Association, including the standards concerning the location, calibration, and maintenance of equipment; or equipment shall meet equivalent standards.

165 DENTAL

POLICIES AND PROCEDURES

165.01 The facility shall have a written plan that outlines the procedures used to assess and treat the dental health care needs of patients.

165.02 The written dental health care plan shall describe the following:

1. Mechanisms for evaluating each patient's need for dental treatment;

2. Provisions for emergency dental services;

3. Policies on oral hygiene and preventive dentistry;

4. Provisions for coordinating dental services with other services provided by the facility; and

5. A mechanism for the referral of patients for services not provided by the facility.

165.03 When a facility provides dental services, a written policy shall delineate the functions of the service and the specific services provided.

165.04 Reports of all dental services provided shall be made a part of the patient's record.

166 STAFF COMPOSITION AND SUPERVISION

166.01 A dental service provided by the facility shall be directed by a fully licensed dentist who is a member of the professional staff and qualified to assume management and administrative responsibility for the dental service.

166.02 A dental service provided by the facility shall have a sufficient number of adequately trained personnel to meet the needs of patients.

167 FUNCTIONAL SAFETY AND SANITATION

167.01 A dental service provided by the facility shall have adequate space, equipment, instruments, and supplies to meet the needs of patients.

168 REFERRALS

168.01 The facility shall have written policies and procedures that facilitate the referrals of patients and the provision of consultation between the facility's program components and between the facility and other service providers in the community. The written policies and procedures shall describe the conditions under which referrals can be made and consultations provided. These conditions shall provide for the examinations, assessment, or consultations that are not within the professional domain or expertise of the staff; special treatment services; and assistance from providers who can contribute to the patient's well-being.

168.02 The written policies and procedures shall describe the methods by which continuity of care is assured for the patient. These methods shall include, but not be limited to, providing the facility, program component, or other service provider to which the patient is referred with the following:

1. Background information on the referral;

2. Information on the patient's treatment, for example, current treatment, diagnostic assessments, and special requirements;

3. Treatment objectives desired;

4. Suggestions for continued coordination between the referring and the receiving resource;

5. Special clinical management requirements; and

6. Information on how the patient can be returned to the referring facility or program component.

168.03 The facility shall ask the facility, program component, or other service provider to which the patient is referred to submit a follow-up report within a designated time period.

168.04 The written policies and procedures shall describe the mechanism by which a patient may request a referral.

168.05 The written policies and procedures shall describe the means by which the facility assists in the referral of individuals who are seeking services that the facility does not provide.

168.06 The written policies and procedures shall be reviewed and approved annually by the director and appropriate administrative and professional staff members. The annual review and approval shall be documented.

168.07 Each community service provider to which patients are referred shall express in writing its willingness to abide by federal and state standards concerning confidentiality of patient information.

168.08 The facility shall have a letter of agreement and/or contract with community service providers that it uses repeatedly.

169 EMERGENCY

169.01 The facility shall have written procedures for taking care of emergencies. Emergency services shall be provided by the facility or through clearly defined arrangements with another facility.

169.02 When emergency services are provided by an outside facility, a written plan shall delineate the type of emergency services available and the arrangements for referring or transferring patients to another facility. The written plan shall be available to all professional staff and shall clearly specify the following:

1. The staff of the facility who are available and authorized to provide necessary emergency evaluations;

2. The staff of the facility who are authorized to arrange for patients to be referred or transferred to another facility when necessary;

3. The arrangements the facility has made for exchanging records with the outside facility when it is necessary for the care of the patient;

4. The location of the outside facility and the names of the appropriate personnel to contact;

5. The method of communication between the two facilities;

6. The arrangements the facility has made to assure that when a patient requiring emergency care is transferred to an non-psychiatric or substance abuse service or facility, he or she will receive further evaluation and/or treatment of his or her psychiatric or substance abuse problem, as needed;

7. The arrangements the facility has made for transporting patients, when necessary, from the facility to the facility providing emergency services;

8. The policy for referring patients needing continued care after emergency services back to the referring facility; and

9. Policies concerning notification of the patient's family of emergencies and of arrangements that have been made for referring or transferring the patient to another facility.

169.03 When an emergency service is provided by the facility, the service shall be well organized, properly directed, and integrated with other services of the facility and shall comply with Part IV, Chapter 7, Section 701-705.6 of the Minimum Standards of Operations of Mississippi Hospitals.

170 LIBRARY

170.01 Library services shall be made available to meet the professional and technical needs of the facility's staff.

170.02 Facilities that do not maintain a professional library shall have an arrangement with a nearby facility or institution to use its professional library.

170.03 Current reference material, books, and basic health care journals shall be available in each facility.

170.04 The library shall establish regular and convenient hours of service so that staff may have prompt access to current materials.

170.05 When a facility operates its own library, the professional library service shall provide pertinent, current and useful medical, psychiatric, psychological, alcohol, drug, educational, and related materials.

170.06 A facility providing extensive library services should utilize the services of a professional librarian.

171 LABORATORY/RADIOLOGY

171.01 The facility shall have provisions for promptly obtaining required laboratory, x-ray, and other diagnostic services.

171.02 If the facility provides its own laboratory and x-ray services, these shall meet the applicable standards established for hospital licensure. Refer to Part III, Chapter 6, Section 627, and Part VI, Chapters 19 and 21 of the Minimum Standards of Operation for Mississippi Hospitals.

171.03 If the facility itself does not provide such services, arrangements shall be made for obtaining these services from a licensed and certified laboratory.

171.04 All laboratory and x-ray services shall be provided only on the orders of the attending physician.

171.05 The facility shall assist the patient, if necessary, in arranging for transportation to and from the source of service.

171.06 All signed and dated reports of laboratory, x-ray, and other diagnostic services shall be filed with the patient's medical record.

172 VOLUNTEER

172.01 In facilities where volunteer services are utilized, the objectives and scope of the volunteer service shall be clearly stated in writing.

172.02 An appropriately qualified and experienced staff member shall be assigned to select and evaluate volunteers and to coordinate volunteer activities.

172.03 The authority and responsibilities of the volunteer coordinator shall be clearly stated in writing.

172.04 The volunteer coordinator shall perform the following functions:

1. Assist staff in determining the need for volunteer services and in developing assignments;

2. Plan and implement the program for recruiting volunteers;

3. Coordinate efforts to recruit, select, and train volunteers, and to place volunteers in appropriate services or units;

4. Instruct staff on the proper, effective, and creative use of volunteers;

5. Keep staff and the community informed about volunteer services and activities;

6. Provide opportunities for volunteers to acquire the qualifications for certification when applicable; and

7. Assign an appropriate staff member to provide ongoing supervision, in-service training, and evaluation of volunteers.

172.05 An orientation program shall be conducted to familiarize volunteers with the facility's goals and services and to provide appropriate clinical orientation regarding the facility's patients.

172.06 The orientation program shall include explanations of at least the following:

1. The importance of maintaining confidentiality and protecting patients' rights.

2. The procedures for responding to unusual events and incidents; and

3. The program's channels of communication and the distinctions between administrative and clinical authority and responsibility.

172.07 Volunteers shall be under the direct supervision of the staff of the service or unit utilizing their services, and shall receive general direction and guidance from the volunteer coordinator.

172.08 The use of volunteers as members of treatment teams to supplement the total treatment program shall be done only in collaboration with appropriate professional staff members and after consideration of the patients' needs for continuity.

172.09 Supervisory professional staff shall be available to help volunteers establish the most effective relationship with patients.

172.10 Procedures shall be established to assure that the observations of volunteers are reported to the professional staff members responsible for the patient. These observations may be recorded in the patient's record.

172.11 Volunteers may be utilized to help meet patients' basic needs for social interaction, self-esteem, and self-fulfillment.

172.12 Volunteer activity records and reports shall contain information that can be used to evaluate the effectiveness of the volunteer services.

172.13 At least the following records shall be maintained by the volunteer service:

1. A personnel record that includes the volunteer's application, record of assignments, and progress reports;

2. A master assignment schedule for all volunteers, including times and units of assignment; and

3. A current job description for each volunteer.

173 RESEARCH (OPTIONAL)

173.01 When a facility or program conducts or participants in research with human subjects, policies shall be designed and written to assure that rigorous review is made of the merits of each research project and of the potential effects of the research procedures on the participants.

173.02 An interdisciplinary research committee shall review all research projects utilizing human subjects. The committee shall be either a permanent standing committee or a committee convented on an as-needed basis.

173.03 Members of the research review committee shall be qualified by training and experience to serve on the committee.

173.04 Individuals who have appropriate experience in the research areas being reviewed shall be included on the committee.

173.05 A majority of the committee member should be individuals who are not directly associated with the research project under consideration.

173.06 Some committee members should be individuals who are not formally associated with the facility.

173.07 Prior to the authorization and initiation of each research project, the research committee shall conduct a detailed review of the project.

173.08 This review shall include the following:

1. The adequacy of the research design;

2. The qualifications of the individuals responsible for coordinating the project;

3. The benefits of the research in general;

4. The benefits and risks to the participants;

5. The benefits to the facility;

6. The possible disruptive effects of the project on facility operations;

7. The compliance of the research design with accepted ethical standards;

8. The process to be used to obtain informed consent from participants; and

9. The procedures for dealing with any

173.09 This initial review shall form the basis for a written report that shall be submitted by the committee to the Chief Executive Officer.

173.10 All individuals asked to participate in a research project shall be given the following information before being asked to give their consent:

1. A description of the benefits to be expected;

2. A description of the potential discomforts and risks;

3. A description of alternative services that might prove equally advantageous to them; and

4. A full explanation of the procedures to be followed, especially those that are experimental in nature.

173.11 If the investigator does not wish to fully disclose the purpose, nature, expected outcome, and implications of the research to the participants before it begins, the investigator shall clearly and rigorously justify to the research review committee that such disclosure is inadvisable and that failure to give full disclosure is not detrimental to the participants. Under such conditions, disclosure may be deferred until the research project is completed.

173.12 All research project participants shall sign a consent form that indicates their willingness to participate in the project.

173.13 All consent forms, except as provided in Standard 2914.11 shall address all of the information specified in Standard 2914.10 and shall indicate the name of the person who supplied the participant with the information and the date the form was signed.

173.14 The informed consent document shall address the participant's right to privacy and confidentiality.

173.15 Neither the consent form nor any written or oral agreement entered into by the participant shall include any language that releases the facility, its agents, or those responsible for conducting the research from liability for negligence.

173.16 All prospective participants over the age of 12 and all parents or guardians of participants under the age of 18 shall sign a written consent form that indicates willingness to participate in the project.

173.17 The consent form shall address all of the information specified in Standard 2914.10 and shall indicate the name of the individual who supplied the participant with the information and the date the consent form was signed.

173.18 Prospective participants under the age of 18, and all prospective participants who are legally or functionally incompetent to provide informed consent, shall participate only when and if consent has been given by a person legally empowered to consent, shall participate only when and if consent has been given by a person legally empowered to consent, and such consent has been reviewed by an independent advocacy group, if available.

173.19 Such legal guardian and/or advocate shall receive the same information as required in Standard 2914.10 and shall sign the consent form.

173.20 A patient's refusal to participate in a research project shall not be a cause for denying or altering the provision of indicated services to that patient.

173.21 Participants shall be allowed to withdraw consent and discontinue participation in a research project at any time without affecting their status in the program.

173.22 Privacy and confidentiality should be strictly maintained at all times.

173.23 Upon completion of the research procedures, the principal investigator shall attempt to remove any confusion, misinformation, stress, physical discomfort, or other harmful consequences that may have arisen with respect to the participants as a result of the procedures.

173.24 Investigators and other directly involved in research shall, both in obtaining consent and in conducting research, adhere to the ethical standards of their respective professions concerning the conduct of research and should be guided by the regulations of the US Department of Health and Human Services and other federal, state, and local statues and regulations concerning the protection of human subjects.

173.25 Upon completion of the research, the principal investigator, whether a member of the facility's staff or an outside researcher, shall be responsible for communicating the purpose, nature, outcome, and possible practical or theoretical implications of the research to the staff of the program in a manner which they can understand.

173.26 Reports of all research projects shall be submitted to the Chief Executive Officer and the research committee and shall be maintained by the facility.

174 PHYSICAL PLANT MANAGEMENT

INFECTION CONTROL

174.01 Because infections, acquired in a facility or brought into a facility from the community, are potential hazards for all persons having contact with the facility, there shall be an infection control program. Effective measures shall be developed to prevent, identify, and control infections.

174.02 Written policies and procedures pertaining to the operation of the infection control program shall be established, reviewed at least annually, and revised as necessary.

174.03 A practical system shall be developed for reporting, evaluating, and maintaining records of infections among patients and personnel. This system shall include assignment of responsibility for the ongoing collection and analysis of data, as well as for the implementation of required follow-up action. Corrective action taken on the basis of records and reports of infections and infection potentials among patients and personnel shall be documented.

174.04 All new employees shall be instructed in the importance of infection control and personal hygiene, and in their responsibility in the infection control program. There shall be documentation that in-service education in infection prevention and control is provided to employees in all services and program components.

175 THERAPEUTIC ENVIRONMENT

175.01 The facility shall establish an environment that enhances the positive self-image of patients and preserves their human dignity.

175.02 Children and adolescent patients shall be provided separate living and treatment areas from the adult patients.

175.03 The grounds of the facility shall have adequate space for the facility to carry out its stated goals.

175.04 When patient needs or facility goals involve outdoor activities, areas appropriate to the ages and clinical needs of the patients shall be provided.

175.05 The facility shall be accessible to individuals with disabilities, or the facility shall have written policies and procedures that describe how individuals with disabilities can gain access to the facility for necessary services.

175.06 Waiting or reception areas shall be comfortable; and their design, location, and furnishings shall accommodate the characteristics of patient and visitors, the anticipated waiting time, the need for privacy and/or support from staff, and the goals of the facility.

175.07 Appropriate staff shall be available in waiting or reception areas to address the needs of patients and visitors.

175.08 Rest rooms shall be available for patients and visitors.

175.09 A telephone shall be available for private conversations.

175.10 An adequate number of drinking units shall be accessible at appropriate heights.

175.11 If drinking units employee cups, only single-use, disposable cups shall be used.

175.12 Facilities that do not have emergency medical care resources shall have first-aid supply kits available in appropriate places.

175.13 All supervisory staff shall be familiar with the locations, contents, and use of the first-aid kits.

175.14 The facility shall provide an environment appropriate to the needs of patients.

175.15 The design, structure, furnishing, and lighting of the patient environment shall promote clear perceptions of people and functions.

175.16 When appropriate, lighting shall be controlled by patients.

175.17 Whenever possible, the environment shall provide views of the outdoors.

175.18 Areas that are primarily used by patients shall have windows or skylights.

175.19 Appropriate types of mirrors that distort as little as possible shall be placed at reasonable heights in appropriate places to aid in grooming and to enhance patients' self-awareness.

175.20 Clocks and calendars should be provided in at least major use areas to promote awareness of time and season.

175.21 Ventilation shall contribute to the habitability of the environment.

175.22 Direct outside air ventilation shall be provided to each patient's room by air conditioning or operable windows.

175.23 Ventilation shall be sufficient to remove undesirable odors.

175.24 All areas and surfaces shall be free or undesirable odors.

175.25 Door locks and other structural restraints should be used minimally.

175.26 The use of door locks or closed sections shall be approved by the professional staff and the governing body.

175.27 The facility shall have written policies and procedures to facilitate staff-patient interaction, particularly when structural barriers in the therapeutic environment separate staff from patients.

175.28 Staff should respect a patient's right to privacy by knocking on the door of the patient's room before entering.

175.29 Areas with the following characteristics shall be available to meet the needs of patients:

1. Areas that accommodate a full range of social activities, from two-person conversations to group activities;

2. Attractively furnished areas in which a patient can be alone, when appropriate; and

3. Attractively furnished areas for private conversations with other occupants, family, or friends.

175.30 Appropriate furnishings and equipment shall be available.

175.31 Furnishings shall be clean and in good repair.

175.32 Furnishings shall be appropriate to the age and physical conditions of the patients.

175.33 All furnishings, equipment, and appliances shall be maintained in good operating order.

175.34 Broken furnishings and equipment shall be repaired promptly.

175.35 Dining areas shall be comfortable, attractive, and conducive to pleasant living.

175.36 Dining arrangements shall be based on a logical plan that meets the needs of the patients and the requirements of the facility.

175.37 Dining tables should seat small groups of patients, unless other arrangements are justified on the basis of patient needs.

175.38 When staff members do not eat with the patients, the dining rooms shall be adequately supervised and staffed to provide assistance to patients when needed and to assure that each patient receives an adequate amount and variety of food.

175.39 Sleeping areas shall have doors for privacy.

175.40 In rooms containing more than four patients, privacy shall be provided by partitioning or placement or furniture.

175.41 The number of patients in a room shall be appropriate to the ages, developmental levels, and clinical needs of the patients and to the goals of the facility.

175.42 Except when clinical justified in writing on the basis of program requirements, no more than eight patients shall sleep in a room.

175.43 Sleeping areas shall be assigned on the basis of the patient's need for group support, privacy, or independence.

175.44 Patients who need extra sleep, whose sleep is easily disturbed, or who need greater privacy because of their age, emotional disturbance, or adjustment problems shall have single or double bedrooms.

175.45 Areas shall be provided for personal hygiene.

175.46 The areas for personal hygiene shall provide privacy.

175.47 Bathrooms and toilets shall have partitions and doors.

175.48 Toilets shall have seats.

175.49 Good standards of personal hygiene and grooming shall be taught and maintained, particularly in regard to bathing, brushing teeth, caring for hair and nails, and using the toilet.

175.50 Patients shall have the personal help needed to perform these activities and, when indicated, to assume responsibility for self-care.

175.51 The services of a barber and beautician shall be available to patients either within the facility or in the community.

175.52 Articles for grooming and personal hygiene that are appropriate to the patient's age, developmental level, and clinical status shall be readily available in a space reserved near the patient's sleeping area.

175.53 If clinically indicated, a patient's personal hygiene that are appropriate to the patient's age, developmental level, and clinical status shall be readily available in a space reserved near the patient's sleeping area.

175.54 Ample closet and drawer space shall be provided for storing personal property and property provided for patient's use.

175.55 Lockable storage space should be provided.

175.56 Patients shall be allowed to keep and display personal belongings and to add personal touches to the decoration of their rooms.

175.57 The facility should have written rules to govern the appropriateness of such decorative display.

175.58 If access to potentially dangerous grooming aids or other personal articles is contraindicated for clinical reasons, the professional staff shall explain to the patient the conditions under which the articles may be used and shall document the clinical rationale for these conditions in the patient's record.

175.59 If the hanging of pictures on walls and similar activities are privileges to be earned for treatment purposes, the professional staff shall explain to the patient the conditions under which the privileges may be granted and shall document the treatment and granting of privileges in the patient's record.

175.60 Patients shall be encouraged to take responsibility for maintaining their own living quarters and for other day-to-day housekeeping activities of the program, as appropriate to their clinical status.

175.61 Such responsibilities shall be clearly defined in writing, and staff assistance and equipment shall be provided as needed.

175.62 Descriptions of such responsibilities shall be included in the patient's orientation program.

175.63 Documentation shall be provided that these responsibilities have been incorporated into the patient's treatment plan.

175.64 Patients shall be allowed to wear their own clothing.

175.65 If clothing is provided by the program, it shall be appropriate and shall not be dehumanizing.

175.66 Training and help in the selection and proper care of clothing shall be available as appropriate.

175.67 Clothing shall be suited to the climate.

175.68 Clothing shall be becoming, in good repair, of proper size, and similar to the clothing worn by the patients' peers in the community.

175.69 An adequate amount of clothing shall be available to permit laundering, cleaning, and repair.

175.70 A laundry room should be accessible so patients may wash their clothing.

175.71 The use and location of noise-producing equipment and appliances, such as televisions, radios, and record players, shall not interfere with other therapeutic activities.

175.72 A place and equipment shall be stored on shelves that are accessible to patients as appropriate.

175.73 Toys, equipment, and games shall be stored on shelves that are accessible to patients as appropriate.

175.74 Books, magazines, and arts and crafts materials shall be available in accordance with patients' recreational, cultural, and education backgrounds and needs.

175.75 Each facility shall formulate its own policy regarding the availability and care of pets and other animals, consistent with the goals of the facility and with the requirements of good health and sanitation.

175.76 Depending on the size of the program, facilities shall be available for serving snacks and preparing meals for special occasions and recreational activities, for example, baking cookies or making popcorn or candy. These facilities shall permit patient participation.

175.77 Unless contraindicated for therapeutic reasons, the facility shall accommodate the patients' need to be outdoors through the use of nearby parks and playgrounds, adjacent countryside, and facility grounds.

175.78 Recreational facilities and equipment shall be available, consistent with the patients' needs and the therapeutic program.

175.79 Recreational equipment shall be maintained in working order.

175.80 The environment shall be maintained and equipped so as to ensure the health and safety of the patients. Physical health and safety features of the environment shall conform to requirements of local, state, and federal authorities having jurisdiction. In any event, the facility shall provide verification of the following:

1. Patients shall be protected against the danger of fire and smoke.

2. Patients shall be protected against injury attributable to the design and equipment of the environment.

3. Patients shall be protected against electrical hazard.

4. Patients shall be protected against spread of disease and infection.

176 REGULATED MEDICAL WASTE

176.01 "Infectious medical wastes" includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this Regulation, the following wastes shall be considered to be infectious medical wastes:

1. Wastes resulting from the care of patients and animals who have Class I and (or) II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases. (See attached) as defined by the Mississippi State Department of Health;

2. Cultures and stocks of infectious agents; including specimen cultures collected from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from the production of biologicals, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures;

3. Blood and blood products such as serum, plasma, and other blood components;

4. Pathological wastes, such as tissues, organs, body parts, and body fluids that are removed during surgery and autopsy;

5. Contaminated carcasses, body parts, and bedding of animals that were exposed to pathogens in medical research;

6. All discarded sharps (e.g., hypodermic needles, syringes, Pasteur pipettes, broken glass, scalpel blades) which have come into contact with infectious agents;

7. Other wastes determined infectious by the generator or so classified by the MS Department of Health.

'Medical Waste' means all waste generated in direct patient care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment."

177 MEDICAL WASTE MANAGEMENT PLAN

177.01 All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to, the following:

Storage and Containment of Infectious Medical Waste and Medical Waste

1. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the public.

2. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility.

3. Unless approved by the Mississippi State Department of health or treated and rendered non-infectious. Infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven days above a temperature of 6 C (38F). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of O C (32F) for a period of not more than 90 days without specific approval of the Department of Health.

4. Containment of infectious medical waste shall be separate from other wastes.

   Enclosures or containers used for containment of infectious medical waste shall be so secured so as to discourage access by unauthorized persons and shall be marked with prominent warning sings on, or adjacent to, the exterior of entry doors, gates, or lids. Each container shall be prominently labeled with a sign using language to be determined by the Department and legible during daylight hours.

   a. Infectious medical waste, except for sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags (1.5 mills thick) which are impervious to moisture and have strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid wasted during storage, handling, or transport.

   b. All sharps shall be contained for disposal in leak-proof, rigid, puncture-resistant containers which are taped closed or tightly lidded to preclude loss of the contents.

   c. All bags used for containment and disposal of infectious medical waste shall be of a distinctive color or display the Universal Symbol for infectious waste. Rigid containers of all sharps waste shall be labeled.

   d. Compactors or grinders shall not be used to process infectious medical waste unless the waste has been rendered non-infectious. Sharps containers shall not be subject to compaction by any compacting device except in the institution itself and shall not be placed for storage or transport in a portable or mobile trash compactor.

   e. Infectious medical waste and medical waste contained in disposable containers as prescribed above shall be placed for storage, handling, or transport in disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leak-proof, have tight-fitting covers and be kept clean and in good repair.

f. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a method specified by the Mississippi State Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in I.E.

Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:

i. Exposure to hot water at least 180 F for a minimum of 15 seconds.

ii. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of 3 minutes:

i. Hypochlorite solution (500 ppm available chlorine).

ii. Phenolic solution (500 ppm active agent).

iii. Iodoform solution (100 ppm available iodine).

iv. Quaternary ammonium solution (400 ppm active agent).

Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as noninfectious waste or for other purposes except after being decontaminated by procedures as described in part (J) of this section.

g. Trash chutes shall not be used to transfer infectious medical waste.

h. Once treated and rendered non-infectious, previously defined infectious medical waste will be classified as medical waste and may be land-filled in an approved landfill.

Treatment or disposal of infectious medical waste shall be by one of the following methods:

1. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

2. By sterilization by heating in a steam sterilizer, so as to render the waste noninfectious.

Infectious medical waste so rendered non-infectious shall be disposable as medical waste. Operating procedures for steam sterilizers shall include, but not be limited to, the following:

a. Adoption of standard written operating procedures for each steam sterilizer including time, temperature, pressure, type of waste, type of container(s), closure on container(s), pattern of loading, water content, and maximum load quantity.

b. Check or recording and/or indicating thermometers during each complete cycle to ensure the attainment of a temperature of 121 C (250 F) for one-half hour or longer, depending on quantity and density of the load, in order to achieve sterilization of the entire load. Thermometers shall be checked for calibration at least annually.

c. Use of heat sensitive tape or other device for each container that is processed to indicate the attainment of adequate sterilization conditions.

d. Use of the biological indicator Bacillus stearothermophilus placed at the center of a load processed under standard operating conditions at least monthly to confirm the attainment of adequate sterilization conditions.

e. Maintenance of records of procedures specified in (1), (2), (3) and (4) above for period of not less than a year.

f. By discharge to the approved sewerage system if the waste is liquid or semi-liquid, except as prohibited by the State Department of Health.

3. Recognizable human anatomical remains shall be disposed of by incineration or internment, unless burial at an approved landfill is specifically authorized by the Mississippi Department of Health.

4. Chemical sterilization shall use only those chemical sterilants recognized by the U.S. Environmental Protection Agency, Office of Pesticides and Toxic Substances.

   Ethylene oxide, glutaraldehyde, and hydrogen peroxide are examples of sterilants that, used in accordance with manufacturer recommendation, will render infectious waste non-infectious. Testing with Bacillus subtilis spores or other equivalent organisms shall be conducted quarterly to ensure the sterilization effectiveness of gas or steam treatment.

Treatment and disposal of medical waste which is not infectious shall be by one of the following methods:

1. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

2. By sanitary landfill, in an approved landfill which shall mean a disposal facility or part of a facility where medical waste is placed in or on land, and which is not a treatment facility.

   All the requirements of these standards shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste to include, but not be limited to, the following categories: Hospitals, Nursing Facilities, Ambulatory Surgical Facilities, Home Health Agencies and Birthing Centers.

178 PHYSICAL PLANT CONSTRUCTION REFERENCES

178.01 The following Minimum Standards as stated in previous parts are also applicable to psychiatric hospitals: refer to Part ii, Chapter 6 - Physical Plant of the Minimum Standards of Operation for Mississippi Hospitals.

601 General

601.1 Facilities for adolescents and children shall be provided separate from adult facilities for living, dining and program purposes.

602 Codes

603 Submission of Plans

603.1-603.7

604 Environment

605 Zoning Restrictions

606 Access

607 Elements of Construction

607.1 Change to read:

Corridors-shall be 6'0" wide and 7'6" high (clear). The surface of all floors and walls shall be washable. All corridors longer than 150' shall be subdivided by a smoke barrier and must be maintained free of obstruction.

607.2 Change to read:

Doors-all doors in corridors shall be 20-minutes fire rated floors (1 3/4" solid core wood door as a minimum). All doors to patient bedrooms, diagnostic and treatment areas, and other doors used by residents shall be at least 36" wide. No door shall swing into the corridor except closet doors. Doors to hazardous areas defined in the Life Safety Code shall be 1 1/2 hour "B" labeled fire doors. Exit doors shall conform to the requirements set forth in the Life Safety Code.

608 Fire Reporting and Protection

608.1-608.3

609 Heating and Ventilating

610 Plumbing

610-610.3

611 Sewage Disposal

611.1-611.2

612 Electric Nurse Call

613 Emergency Electrical Services

613.1

613.2

613.3 Change to read:

Emergency Electrical Systems-emergency electrical systems shall be provided in accordance with the applicable section of the Life Safety Code.

614 Patient Rooms

614.1

614.2

614.3

614.4

614.5 Change to read:

Furnishings: a. Bed-each patient room shall be equipped with a quality bed acceptable for his environment. b. Bedside Cabinet-a bedside cabinet or table shall be provided.

614.6

614.7 Delete (Cubicle Curtains)

614.8

614.9

614.10 Change to read:

614.11 A lavatory shall be located in the bedroom or in a private toilet room.

615 Service Areas

616 Isolation Room

617 Detention Room

618 Delete (Special Care)

619 Delete (Newborn Nursery)

620 Delete (Formula Room)

621 Delete (Pediatric Unit)

622 Delete (Psychiatric Unit)

623 Delete (Surgical Suite)

624 Delete (Central Sterile Supply)

625 Delete (Obstetrical Suite)

626 Change to read:

Outpatient Area: An outpatient area shall be provided when indicated.

627 Radiology Suite (Delete if provided by arrangement)

628 Laboratory (Delete if provided by arrangement)

629 Drug Room - Refer to Section 2901.57-Pharmacy Services

630 Dietary

631 Administrative Area

632 Change to read:

Housekeeping Area-to include: a. Housekeeper's office or suitable area designated for recordkeeping. b. Storage space for maid's carts; if used.

Add:

633.1 Facilities shall be provided for personal laundry for use by patients. This area shall be separated from areas by a one hour fire rated wall.

634 Change to read:

General Storage: There shall be a two hour fire rated lockable room large enough to provide five square feet of general storage for each bed provided.

635 Boiler Room

636 Change to read:

Maintenance Area-sufficient area for performing routine maintenance activities shall be provided and shall include an office or suitable area designated for recordkeeping.

637 Delete (Incinerator)

Add the following sections:

638 Day Room:

At least two general areas for use as living room, day room or recreation shall be provided. A minimum of 18 square feet per patient bed shall be available for this purpose.

639 Dining Room:

A minimum of 15 square feet per patient bed shall be provided for use as a Dining Room. Adequate tables and chairs shall be provided to seat all patients, staff and guests.

640 Counseling Rooms:

At least one small room shall be provided for each 20 patients for the purpose of individual private treatment or counseling.

641 Examination and Treatment Room:

At least one room shall be provided for the purpose of examination and treatment. The room shall be equipped with a lavatory and towel dispenser, examination table and storage space, with adequate lighting.

642 Group Counseling Rooms:

At least two rooms shall be provided large enough to accommodate 8-10 patients for the purpose of group counseling sessions.

1401-1401.4 Fire Control and Internal Disaster

1501 Housekeeping

1601-1606 Laundry and Linen

3002.81-3002.82 Regulated Medical Waste

3002.83-3002.84 Medical Waste Management Plan

179 GLOSSARY

179.01 **Administrative**. Relates to the fiscal and general management of a facility rather than to the direct provision of services to patients.

179.02 **Aftercare**. Services that are provided to a patient after discharge and that support and increase the gains made during treatment.

179.03 **Applicant**. An individual who has applied for admission to a program but who has not completed the intake process.

179.04 **Approved**. Acceptable to the authority having jurisdiction.

179.05 **Assessment**. Those procedures by which a person evaluates an individual's strengths, weaknesses, problems and needs.

179.06 **Audiological Assessment**. The audiological tests for delineating the site of auditory dysfunction, including such tests as pure tone air-conduction and bone-conduction threshold, speech reception thresholds, speech discrimination measurements, impedance measurements, and others.

179.07 **Audiologists, Qualified**. An individual who is certified by the American Speech-Language-Hearing Association as clinically competent in the area of audiology and is licensed by the State.

179.08 **Audiometric Screening**. A process that may include such tests as pure tone aid conduction thresholds, pure tone air-conduction suprathreshold screenings, impedance measurements, or observations of reactions to auditory stimuli.

179.09 **Audit, Financial**. An independent review by a public accountant certifying that a facility's financial reports reflect its financial status.

179.10 **Authentication**. Proof of authority and responsibility by written signature, identifiable initials, computer key, or other method. The use of a rubber stamp signature is acceptable only under the following conditions: the person whose signature the rubber stamp represents is the only one who has possession of the stamp and is the only one who uses it, and this person gives the Chief Executive

Officer a signed statement that he or she is the only one who has the stamp and is the only one who will use it.

179.11 **Authority Having Jurisdiction**. The organization, office, or individual responsible for approving a piece of equipment, an installation, or a procedure.

179.12 **Bylaws**. The laws, rules, or regulations adopted for the government of the facility. Also used for the laws, rules, or regulations of the professional staff.

179.13 **Chief Executive Officer**. A job-descriptive term used to identify the individual appointed by the governing body to act on its behalf in the overall management of the facility. Other job titles may include administrator, superintendent, director, president, vice-president, and executive vice president.

179.14 **Child Psychiatrist, Qualified**. A doctor of medicine who specializes in the assessment and treatment of children and/or adolescents having psychiatric disorders and who is fully licensed to practice medicine in the state in which he or she practices. The individual shall have successfully completed training in a child psychiatry fellowship program approved by the Liaison Committee on Graduate Medical Education of the American Medical Association or have been certified in child psychiatry by the American Board of Psychiatry and Neurology.

179.15 **Clinical Privileges**. Authorization of the governing body to render patient care and treatment services in the facility within well-defined limits, based upon the individual's professional qualifications, experience, competence, ability, and judgment.

179.16 **Community Education Services**. The dissemination of information to increase the awareness, receptivity, and sensitivity of the community to the disabilities treated by the facility.

179.17 **Consultant**. An individual who provides professional advice or services upon request.

179.18 **Contract**. A formal agreement with any organization, agency, or individual, approved by the governing body, that specifies the services, personnel, and/or space to be provided to, or on behalf of, the facility and the monies to be expended in exchange.

179.19 **Dentist**. An individual who has received a doctor of dental surgery or doctor of dental medicine degree and is currently fully licensed to practice dentistry.

179.20 **Department**. A staff entity organized on administrative, functional, or disciplinary lines.

179.21 **Detoxification**. The systematic reduction of the amount of a toxic agent in the body or the elimination of a toxic agent from the body.

179.22 **Dietetic Services**. The provision of services to meet the nutritional needs of patients, with specific emphasis on patients who have special dietary needs, for example, patients who are allergic to certain foods or who cannot accept a regular diet.

179.23 **Dietitian, Qualified**. An individual who is registered by the Commission on Dietetic Registration of the American Dietetic Association.

179.24 **Diet Manual**. An up-to-date, organized system for standardizing the ordering of diets.

179.25 **Discharge**. The point at which the patient's active involvement with a facility is terminated and the facility no longer maintains active responsibility for the patient.

179.26 **Drug History**. A delineation of the drugs used by a patient, including prescribed and unprescribed drugs and alcohol. A drug history includes, but is not necessarily limited to, the following: drugs used in the past; drugs used recently, especially within the preceding 48 hours; drugs of preference; frequency with which each drug is used; route of administration of each drug; drugs used in combination; dosages used; year of first use of each drug; previous occurrences of overdose, withdrawal, or adverse drug reactions; and history or previous treatment received for alcohol or drug abuse.

179.27 **Electroconvulsive Therapy**. A form of somatic treatment in which an electrical current is applied to the brain producing uncoordinated muscle contraction in a convulsive manner.

179.28 **Emergency Kit**. A kit designed to provide the medical supplies and pharmaceutical agents required during an emergency. In compiling emergency kits, staff should consider the patients' needs for psychotropic, anticholinergic, and adrenalin agents.

179.29 **External Disaster**. A catastrophe that occurs outside the facility and for which the facility, based on its size, and resources must be prepared to serve the community.

179.30 **Facility**. An organization that provides psychiatric substance abuse, and/or mental health services to patients.

179.31 **Fiscal Management**. Procedures used to control a facility's overall financial and general operations. Such procedures may include cost accounting, program budgeting, materials purchasing, and patient billing.

179.32 **Formulary**. A catalog of the pharmaceuticals approved for use in a facility. A formulary lists the names of the drugs and information regarding dosage, contraindications, and unit dispensing size.

179.33 **Goal**. An expected result or condition that takes time to achieve, that is specified in a statement of relatively broad scope, and that provides guidance in establishing intermediate objectives directed towards its attainment.

179.34 **Governing Body**. The person or person with ultimate authority and responsibility for the overall operation of the facility.

179.35 **Guardian**. A parent, trustee, committee, conservator, or other person or agency empowered by law to act on behalf of, or have responsibility for, an applicant or patient.

179.36 **Hazardous Area**. Any area in which the following are used: products that are highly combustible, highly flammable, or explosive; or materials that are likely to burn with extreme rapidity or produce poisonous fumes or gases. Consult the 1972 edition of the Life Safety Code (NFPA 101) for further clarification.

179.37 **Hazardous Procedures**. Procedures that place the patient at physical or psychological risk or in pain.

179.38 **Human Subject Research**. The use of patients receiving services in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, and understanding of an illness. This involves all behavioral and medical experimental research that involves human beings and experimental subjects.

179.39 **Incident Reports**. Documentation of events or actions that are likely to lead to adverse effects and/or that vary from established policies and procedures pertaining to patient care.

179.40 **Intake**. The administrative and assessment process for admission to a program.

179.41 **Interdisciplinary Team**. A group of clinical staff composed of representative from different professions, disciplines, or service areas.

179.42 **Listed**. Used to indicate equipment or materials included in a list published by a nationally recognized testing laboratory, inspection agency, or other organization concerned with product evaluation. The organization periodically inspects the production of listed equipment or materials, and the organization's list states that the equipment or material either meets nationally recognized standards or has been tested and found suitable for use in a specified manner.

179.43 **May**. Used to reflect an acceptable method of compliance with a standard that is recognized but not preferred. See shall and should.

179.44 **Medical Record Administrator, Qualified**. A registered record administrator who has successfully passed an appropriate examination conducted by the American Medical Record Association.

179.45 **Medical Record Technician, Qualified**. An accredited record technician who has successfully passed the appropriate accreditation examination conducted by the American Medical Record Association.

179.46 **NFPA**. National Fire Protection Association, 470 Atlantic Avenue, Boston, Massachusetts, 02210.

179.47 **Nurse**. A person licensed and registered to practice nursing in the state in which he or she practices.

179.48 **Nurse, Practical**. A person licensed or registered as a practical or vocational nurse in the state in which he or she practices.

179.49 **Nurse, Psychiatric, Qualified**. A licensed nurse who has a master's degree in nursing, or who has been certified to practice psychiatric nursing by the voluntary certification process of the American Nurses' Association, or who has the documented equivalent in education, training, and/or experience.

179.50 **Objective**. An unexpected result or condition that takes less time to achieve than a goal, is stated in measurable terms, has a specified time for achievement, and is related to the attainment of a goal.

179.51 **Occupational Therapist, Qualified**. An individual who is a graduate of an occupational therapy program approved by a nationally recognized accrediting body, or who currently holds certification by the American Occupational Therapy Association as an occupational therapist, registered, who meets any current legal requirements of licensure or registration; and who is currently competent in the field.

179.52 **Outreach**. The process of systematically interacting with the community to identify persons in need of services, alert persons and their families to the availability of services, locate needed services, and enable persons to enter the service delivery system.

179.53 **Parenteral Product**. Sterile, pharmaceutical preparations ingested by the body through a route other than the alimentary canal.

179.54 **Patient**. An individual who receives treatment services. Patient is synonymous with client, resident, consumer, and recipient of treatment services.

179.55 **Personnel Record**. The complete employment record of a staff member or an employee, including job application, education and employment history, performance evaluation, and, when applicable, evidence of current licensure, certification, or registration.

179.56 **Physician, Qualified**. A doctor of medicine or doctor of osteopathy who is fully licensed to practice medicine in the state in which he or she practices.

179.57 **Program**. A general term for an organized system of services designed to address the treatment needs of patients.

179.58 **Program Evaluation**. An assessment component of a facility that determines the degree to which a program is meeting its stated goals and objectives.

179.59 **Psychiatrist, Qualified**. A doctor of medicine who specializes in the assessment and treatment of individuals having psychiatric disorders and who is fully licensed to practice medicine in the state in which he or she practices.

179.60 **Recreation Therapist, Qualified**. An individual who is qualified recreation specialist; or has a bachelors' degree in recreation and one year of recreational experience in a health care setting; or has an associate degree in recreation or in a specialty area such as art or music plus completion of comprehensive in-service training in recreation.

179.61 **Recreation Services**. Structured activities designed to develop an individual's creative, physical, and social skills through participation in recreational, art, dance, drama, social, and other activities.

179.62 **Restraint**. A physical or mechanical device used to restrict the movement of the whole or a portion of a patient's body. This does not include mechanisms used to assist a patient in obtaining and maintaining normative body functioning, for example, braces and wheelchairs.

179.63 **Seclusion**. A procedure that isolates the patient to a specific environmental area removed from the patient community.

179.64 **Service**. Used to indicate a functional division of a program or of the professional staff. Also used to indicate the delivery of care.

179.65 **Shall**. Used to indicate a mandatory standard.

179.66 **Should**. Used in a standard to indicate the commonly accepted method of compliance.

179.67 **Social Assessment**. The process of evaluating each patient's environment, religious background, childhood developmental history, financial status, reasons for seeking treatment , and other pertinent information that may contribute to the development of the individualized treatment plan.

179.68 **Social Worker, Qualified**. An individual who is licensed in the State with a master's degree from an institution accredited by the Council on Social Work Education, and is clinically qualified by training with two years experience in working with individuals with disabilities children/adolescents.

179.69 **Speech Screening**. A process that may include such tests as articulation in connected speech and formal testing situations; voice in terms of judgments of

pitch, intensity, and quality and determinations of appropriate vocal hygiene; and fluency, usually measured in terms of frequency and severity of stuttering or dysfluency (based upon evaluation of speech flow-sequence, duration, rhythm, rate, and fluency).

179.70 **Support Staff. Employees** or volunteers whose primary work activities involve clerical, housekeeping, security, laboratory, recordkeeping, and other functions necessary for the overall clinical and administrative operation of the facility.

179.71 **Therapeutic Recreational Services**. Goal-oriented activities designed to help an individual develop expressive and/or performance skills through participation in art, crafts, dance, drama, movement, music, prevocational, recreational, self-care, and social activities.

179.72 **Transfer**. Movement of a patient from one treatment service or location to another.

179.73 **Utilization Review**. The process of using predefined criteria to evaluate the necessity and appropriateness of allocated services and resources to assure the facility's services are necessary, cost efficient, and effectively utilized.

179.74 **Vocational Assessments**. The process of evaluating each patient's past experiences and attitudes toward work; current motivations or areas of interest; and possibilities of future education, training, and/or employment.

CERTIFICATION OF REGULATION

This is to certify that the above **PUT REGULATION NAME HERE** was adopted by the Mississippi State Board of Health on Put Date Here to become effective Put Date Here.

Brian W. Amy, MD, MHA, MPH
Secretary and Executive Officer